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**AN INVESTIGATION INTO THE IMPACT  
OF DOMESTIC VIOLENCE  
PERPETRATOR PROGRAMMES  
ON CHILDREN AND YOUNG PEOPLE**

Susan Alderson

PhD Thesis

School of Applied Social Sciences

Durham University

September 2015

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# ABSTRACT

As men's intersecting identities as fathers and as perpetrators of domestic violence is increasingly acknowledged in research and practice, the issue of safe parenting has gained heightened attention on the social work agenda. Alongside this, domestic violence perpetrator programmes (DVPPs) in the UK have incorporated the issue of children's safety and the harmful parenting of domestically violent fathers within their programme content. However there is a lack of research on DVPPs that take into account the views of children and the outcomes for them of their father's engagement in the programme. This thesis contributes to the literature on domestic violence and children in two ways; it closes the gap on outcomes for children of their fathers participation on a DVPP, and presents a new way of gathering data from children. While there was some reference in the literature to using task based methods as inquiry, this was quite general. A multi-methodological multi-stage approach was taken to explore how a positive outcome for children might be conceptualised. This consisted of thirteen interviews with children using a bespoke child friendly task-based research tool (research book), eleven interviews with DVPP workers, observation of a DVPP session on children and young people, and an online survey of forty-four Respect member domestic violence integrated services.

Key findings reveal that despite a desire to improve the situation of children, very few organisations provide a direct support service to the children of men on programmes. Findings also reveal that one of the barriers to children moving on is the silence regarding their father's participation on a DVPP, and that few children are informed of their father's engagement on a programme. DVPP workers also reveal that the specific work undertaken on the issue of parenting within programme content is beginning to close a gap in provision: Addressing child-centred fathering while simultaneously addressing men's use of violence. Findings suggest that for domestically violent fathers, these sessions enhance their awareness of the impact of their violence and function as a means for men to improve their relationship with their children and to become a 'better father'. Children's interview data substantiate these findings with children reporting through the task based research book, their positive thoughts and feelings about their father's participation on a DVPP. This thesis describes how, and to what extent children themselves benefit, providing a unique perspective regarding the nature scope and adequacy of domestic violence services and the outcomes for children.

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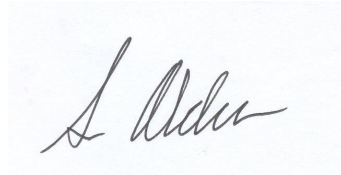
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Signed:

A handwritten signature in black ink, appearing to read 'S. Alderson', is written over a light blue rectangular background.

**Susan Alderson**

Date:     March, 5. 2015

## **CHAPTER 1**

# **Domestic Violence and Children**

### **1.0 Introduction**

Despite the centrality of children in social work there has been relatively little focus on the outcome of domestic violence intervention on children and the impact of their fathers' participation on a DVPP. This chapter draws together the background to my study, which investigates the impact of DVPPs on children and young people. After examining the scale of the problem of domestic violence on women and children, the chapter goes on to explain some of the problems associated with definitions of domestic violence and some of the difficulties associated with the terminology used. The chapter gives an overview of the existing theories about, and responses to, the issue of men's violence, going on to outline the theory underpinning my own study. I then go on to explain the context of the PhD research, set within the wider Project Mirabal study on the 'success' of Respect accredited DVPPs, and illustrate how the rationale and aims of my own study address a knowledge gap in the field of DVPP research.

### **1.1 Domestic violence**

A vast literature now exists on the topic of domestic violence, demonstrating both prevalence and the effects that it can have on women (Mooney 1993, 2000). Research has also focused on issues such as police responses (Edwards 1989, Hanmer et al. 1999), community responses (Hester and Westmarland 2005), the criminal justice system (Hester et al. 2003, Hester 2006b), and the financial impact (Stanko et al. 1998). All have highlighted that domestic violence can affect any woman regardless of age, social class, race, disability or lifestyle, however the greater prevalence has been found to be among young women under 24 years and those who have a long term illness or disability (Smith et al. 2012, Radford et al. 2011). What *has* been found to be consistent is that domestic violence is predominantly perpetrated by men against women (Dobash and Dobash 1980, Mooney 1993, Krug et al. 2002, World Health Organisation 2012). Furthermore, women experience the worst levels of violence (including physical injury, threats of violence and emotional and psychological abuse) compared to men and are more likely to be repeat victims (Mirrlees-Black 1998, Barnish 2004, Smith et al. 2012).

Far too little attention has been given to domestic violence perpetrators, particularly those who are fathers, when discussing the safety of women and children. Consequently, while there has been an increase in the amount of literature devoted to the role of fathers per se and the value of their relationship with their children, little has been published on the father-child relationship in the context of domestic violence. In recent years domestic violence perpetrator programmes (DVPPs) have recognised the importance of incorporating the issue of children's safety and the harmful parenting of domestically violent fathers within their programme content. However, little attention has been paid to the possible outcomes for the children of men on such programmes. I am aware of only one study that focuses directly on fathers, children and domestic violence perpetrator programmes. In this study, Rayns (2010) surveyed 18 children and young people aged 8-18 years about their fathers' participation on an integrated domestic abuse programme (or related programme). Findings from Rayns' study revealed that although children had limited knowledge of perpetrator work, they saw it as a helpful and an appropriate response. My own study thus builds on the emerging body of literature, widening our understanding of outcomes for children in relation to DVPPs, by including both professionals' and children's views on the effects of domestic violence perpetrator programmes.

## **1.2 The scale of the problem**

While it is doubtless that progress has been made over the past few decades in uncovering the scale of domestic violence, the true extent has been intrinsically difficult to measure due to its many barriers to disclosure. For example, women often do not disclose due to a fear of the consequences, i.e. the involvement of social services, subsequent child protection proceedings, and the fear of not being believed (Kelly and Radford 1991, McWilliams and McKierman 1993, Kelly 1994). Officially reported cases of domestic violence thus only represent the tip of the iceberg. Yet these figures alone are significantly high and enough to warrant serious policy attention. For example, research by Stanko (2000) found that in the United Kingdom (UK), police receive a call every minute from the public for assistance for domestic violence. This leads to police receiving an estimated 1,300 calls each day or over 570,000 each year. The best benchmark for measuring the extent of domestic violence, and one that does not share the limitations of other official statistics, is the Crime Survey England and Wales (formerly the British Crime Survey). Figures from

the survey show that in 2010/11 29 per cent of women and 16 per cent of men have experienced domestic violence since the age of 16. In addition, the rates of domestic violence show no sign of falling. A comparison of figures from the 2010/11 and 2011/12 Crime Survey for England and Wales found no significant difference in the level of domestic violence over time with both surveys showing around 4.8 million female victims and 2.6 million male victims per year in the age range 16-59 years (Smith et al. 2012). In a global context, data from the World Health Organisation (WHO 2012) shows that 35 per cent of women worldwide have experienced either physical and/or sexual violence by an intimate partner, or non-partner sexual violence. The report also documents the findings of national studies worldwide that show up to 70 per cent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner (WHO 2012).

### **1.3 The prevalence of children experiencing domestic violence**

The last two decades has seen a growing recognition of the large numbers of children affected by domestic violence (see Mullender and Morley 1994, Mullender 1996, Hooper and Humphreys 1998). Research conducted by Radford et al. (2011) in the London area found significantly high numbers of children experiencing domestic violence. Findings revealed that 12 per cent of under 11 year olds, 18 per cent of 11-17 year olds and 24 per cent of 18-24 year olds had experienced domestic violence in their family home during childhood. Adult males were the perpetrators in 94 per cent of cases where one parent had physically abused another (Radford et al. 2011). This study highlights the centrality of domestic violence in the lives of many children. Given that we know the official statistics on the prevalence of domestic violence is high, and we know it is chronically under reported in the UK, it is safe to assume that there are large numbers of children who live in homes where domestic violence is taking place. Children's experiences of domestic violence typically fall into three main categories:

- Hearing or otherwise witnessing domestic violence
- Being directly involved (i.e. intervening or being used as part of domestic violence)
- Experiencing the aftermath of domestic violence

Children's experiences may also include being forced to watch or participate in the abuse or being used by the perpetrator to coerce their mother into returning to the violent relationship (Edleson 1999). Some children can be physically injured as a

direct result of domestic violence, or can be intentionally physically, emotionally, or sexually abused by the perpetrator in an effort to intimidate and control his partner (Bragg, 2003). Sometimes children can be harmed accidentally during violent attacks on the victim by being held in their mothers' arms (Mullender et al. 2002), and injury and harm can also happen when they intervene in violent episodes (Edleson et al. 2003). In addition to experiencing violent behaviour, children may be further victimised by coercion to remain silent about the violence and maintain the family secret (Bragg 2003). Despite the fact that many parents believe their child is unaware of what is happening, children can rarely be protected from the knowledge that domestic violence is occurring (Humphreys and Stanley 2006). A study by Abrahams (1994) found that up to 86 per cent of children are either in the same or next room when the violence is taking place. The first national prevalence study of 2,869 young people aged 18-24 years undertaken by Cawson in 2002 found that 26 per cent had been exposed to domestic violence, and for five per cent of these, the violence was ongoing. These figures are higher than government estimates that suggest that around 200,000 children are affected (Department for Children, Schools and Families, 2010). In 2006 the United Nations Children's Fund (UNICEF) estimated that there are almost one million children in the UK who have been exposed to domestic violence (UNICEF 2006). Domestic violence and children's exposure to it thus represents a widespread social problem in the UK.

A theoretical and practice split previously existed (and sometimes still does) between domestic violence and child protection services. The recognition that children experiencing domestic violence constitute an 'at risk' group has been slow to develop, despite a comprehensive body of knowledge that began to emerge in the 1990s. This research revealed that domestic violence was the most common context for children experiencing maltreatment (Hester et al. 2000). For example, Hester and Pearson (1998) revealed that in a third of cases accepted by the National Society for the Prevention of Cruelty to Children (NSPCC) welfare officers, domestic violence was an issue. This figure rose to 62 per cent after a more detailed focus on domestic violence was carried out on serious case reviews, and was a factor in 75 per cent of cases on the child protection register (ibid. 1998). Research by Gibbons et al. (1995) found that 27 per cent of children in their sample of child protection referrals were living with domestic violence, and Farmer and Owen (1995) found that domestic violence was present in the lives of 59 per cent of children. In an examination of case files by Humphreys et al. (2000) domestic violence was present in at least one third of child

protection cases and in up to 40 per cent of child maltreatment cases. Similarly, a recent Children and Family Court Advisory Service (Cafcass) study found that in cases leading to care applications between 11th and 30th November 2011, a parent had been the victim of domestic violence in six out of ten cases and the perpetrator in four out of ten cases (Cafcass 2012).

A study by Edleson (2001) revealed that in 32 to 53 per cent of families where women were experiencing domestic violence, the children were also victims of physical abuse. It is vital therefore that domestic violence is looked for in all cases of child protection as a significant factor in protecting both mother and child (Edleson 2001). Other research has consistently demonstrated a clear overlap between child maltreatment and domestic violence. In recent years the issue of this overlap, its prevalence and its effects on children has been recognised within UK policy (Department of Health 1999, 2002, DfES 2000, 2003, 2004). The amendment to the definition of harm in the Children Act 1989 which now includes 'impairment suffered from seeing the ill treatment of another' (s120 Adoption and Children Act 2002), has brought an increasing amount of children to the attention of children's welfare services. It has been estimated that nearly three-quarters of children considered 'at risk' by Social Services are living in households where one of their parents or carer is abusing the other (Women's Aid website, undated). In some cases, the children themselves will suffer physical or sexual abuse from the same perpetrator. The estimate that at least 750,000 children in England and Wales are living in violent households indicates that children's exposure to domestic violence should not be an issue that is left on the margins of practice (Department of Health 2002).

## **1.4 Terminology**

Before the rise of the women's movement in the 1970s, the term 'domestic violence' was unheard of. Today, due to the tireless efforts of women campaigners, the term 'domestic violence' is recognised in many countries worldwide and is used to describe violence and abuse within intimate relationships. Language is contextual however, and in some cases locally specific terms do not translate easily across national and international contexts. For this reason I have chosen to discuss some of the terms commonly used in relation to domestic violence and also the terms I have chosen to use for this study. The term 'domestic' can be deemed problematic in that it can imply that violence only happens when people are living together. However, as research



demonstrates, domestic violence often starts or escalates at the point of separation and/or post-separation (Abrahams 1994, Hester and Radford 1996, Humphreys and Thiara 2002, Richards 2003). 'Violence' too is a word that is commonly taken to mean a physical attack. However, given that we know that men's abuse of women can take many forms, which can combine together into a pattern of intimidation, humiliation and control, the term 'violence' can convey an incomplete impression (Kelly 1988, Mullender et al. 2002, Stark 2009). When viewed in this context it is clear that the term 'domestic violence' is inadequate. It tends to ignore the true nature of domestic violence, and implies it is somewhat different to other forms of violence such as rape, sexual assault, coercion and some aspects of abuse and neglect to children. Kelly (1988) explains that domestic violence co-exists and is interlinked with these other forms of violence; and, as such, needs to be understood as being only one aspect on a continuum of sexual violence.

A popular term originating in the US is 'battered woman'. This term focuses only on the physical act of violence. It ignores other strands of abuse that are linked closely, i.e. emotional, psychological and financial, that men use in order to gain, and retain, control over their partners. Whilst acknowledging that domestic violence is a gendered issue, the term 'gender based violence' is also problematic in that it tends to obscure who is really doing what to whom. It has been well established by victim surveys and research studies that domestic violence can also occur in heterosexual relationships where women use violence against men, and also in same sex relationships. However, it is women who are more frequently the victims of domestic violence – and suffer the most persistent abuse and injuries from men (Smith et al. 2012).

The term 'interpersonal violence' is also problematic. While 'interpersonal' describes relations between people, it ignores the power relationship inherent in cases of domestic violence (Hamberger and Hastings 1993, Cunningham et al 1998, Healey et al. 1998). Similarly, it can also be argued that the phrase intimate partner violence is problematic in that it suggests that domestic violence only takes place in an intimate, romantic relationship. It has been well documented, however, that domestic violence perpetrators assault not only their intimate partners, but their ex partners, mothers, sisters, and their children - the women and children they have control over (Westmarland 2015, Romito 2008). It is for all of these reasons that some academics and activists now prefer to use the terminology of men's violence against women and girls (Westmarland and Kelly 2012, Ellsberg et al. 2015).

While acknowledging the broader terms commonly used to describe violence against women and children by male family members, and their limitations, I have chosen to use the term 'domestic violence' as the dominant term within this study. The term 'domestic violence' has a long association with the women's movement, which recognises that it encompasses a pattern of power and control in intimate relationships, in which gender inequality provides the social and cultural value system that accounts for the ubiquitous nature of the problem (Laing, Humphreys and Cavanagh 2013). As Kelly and Westmarland (2014) note:

'It [domestic violence] was not always defined in a specific way, but most women's groups providing support would note that it was a variable combination of physical, sexual and psychological abuse and it was widely understood to be ongoing: what in law is termed a 'course of conduct.' (Kelly and Westmarland 2014, no page number)

In the US the term 'batterer' is often used to describe the perpetrator of domestic violence. However, the term tends to emphasise physical violence only, and does not account for the range of other tactics such as control and coercion. While some prefer to use the term 'men who use violence' to denote the fact that this is a choice and can be open to change, I have chosen to refer to violent men as 'perpetrators' as this encompasses the different forms of violence that are used, and the unequal power relationships in which they occur.

While the term 'victim' acknowledges the violation and oppression experienced by women, this is a contentious term. Many commentators choose instead to use the term 'survivor' to acknowledge women's agency (Laing, Humphreys and Cavanagh 2013). Within this study both terms will be used interchangeably, depending on the context, in order to highlight the complex co-existence of oppression and agency.

I use the term 'father' to describe men who are present in children's lives and have been identified as fathers by participants in this research, regardless of whether they are biological or non-biological parents.

I also use the age definition of the United Nations Convention on the Rights of the Child (1989) where children are defined as under 18 years. Participation of children in

this study was open to anyone under 18, however the age range of the actual sample ranged from 7-16 years.

'Witnesses' (Fantuzzo and Mohr 1999) 'observers' (Kitzmann et al. 2003) or 'exposure' (Edleson et al. 2007), are terms often used within the literature to refer to children's experiences of domestic violence. Within this thesis I will use the term 'children's experiences' of domestic violence in order to expand on current definitions. 'Experiences' take into consideration not only witnessing or seeing violence but also hearing the violence and observing the aftermath of abuse, for example, children experiencing mothers' distress, bruising, hospitalisation or move into a refuge.

## **1.5 Defining domestic violence**

In 1993, the United Nations Declaration on the Elimination of Violence against Women identified the long-established hegemony of patriarchal power systems as being fundamental to the causation of domestic violence. A major conference was also held on the issue at the 1995 Beijing Fourth World Conference on Women (UN Women 1995). The World Health Organisation noted the serious consequences of domestic violence on the health of victim survivors and the long lasting effects it can have on children (Krug et al. 2002). In the UK, driven in response to the continued campaigning of the women's movement, there have been substantial changes in national policy and the understanding of domestic violence (Harwin 2006). In the 1990s, due to the growth in domestic violence forums and specialist police units, a variety of definitions of domestic violence emerged. While the early 2000s saw the development of policies and legislation on the issue, these were framed firmly in implementing criminal justice measures and crime reduction. While new policies were being developed, however, there was a distinct absence of a cross-government definition. This subsequently led to misinterpretations, with different agencies using a variety of different definitions (Cook et al. 2006). In 2005, an existing definition of domestic violence was expanded to include female genital mutilation (FGM), honour based violence and forced marriage. However, as Kelly and Westmarland (2014) note, while many BME (black and minority ethnic) women's organisations saw this as progression (as it brought these forms of violence into the mainstream), others felt it was avoiding the development of an integrated approach to violence against women. The 2005 cross-government definition stated:

‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called ‘honour based violence’, female genital mutilation (FGM) and forced marriage.’ (HM Government 2005)

The explanatory text that accompanied the definition defined an adult as any person aged 18 years or over. Family members are referred to as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family. While this is laudable, the definition still failed to recognise the patterns of coercive and controlling behaviours that function to intimidate, humiliate, isolate, exhaust, disable, punish and reward the partner in order to demonstrate power (Orr 2007). Dobash and Dobash (2004) have described coercive control as a ‘constellation of abuse’, undermining women’s rights and autonomy, and preventing them from freely exercising their social, economic and political agency (Stark 2007). The Home Office definition instead defined domestic violence based on individual acts of behaviour (incidents), ignoring the fact that domestic violence involves a pattern of ongoing and controlling behaviour. In addition, the 2005 definition failed to include a gender analysis of male violence against women. It has been well established that violence against women takes place ‘because she is a woman, or happens disproportionately to women’ (UN 1993). In contrast, the 2005 cross-government definition was studiously gender neutral (Kelly and Westmarland 2014).

Following a consultation regarding the definition of domestic violence in 2011, the current coalition government has, since March 2013, widened the definition to encompass the issue of ‘coercive control’, and to classify it as a serious wrongdoing; this includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage. The inclusion of coercive control means that now a prosecution can be brought on the basis of a ‘course of conduct’ under the Protection from Harassment Act 1997, whereby a person has acted strategically to control, isolate, intimidate and/or degrade their victim, even if no physical harm has been caused.

The new definition also includes young people aged 16-18 years old. This is a further much-needed development given that findings from the British Crime Survey 2009/10 found that 16-19 year old girls are the group most likely to suffer abuse from a partner.

These findings are also corroborated in a prevalence study by Barter et al (2009) who found that one in three girls aged 13-17 years had experienced sexual violence and one in four had experienced physical violence from a male partner. The recognition that domestic violence features so prevalently in the lives of teenagers and the subsequent inclusion of young people aged 16-17 years in the Home Office definition of domestic violence is a welcome addition and will have particular policy implications in relation to the safety of teenage mothers and their children. The new definition is thus:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’.

This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

**Controlling behaviour is:** ‘a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.’

**Coercive behaviour is:** ‘an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’ (HM Government 2013)

To summarise, the three key changes introduced in the new definition are: reducing the age from 18 years to 16 years, the inclusion of coercive and controlling behaviour and adding the word ‘pattern’ to the existing ‘any incident’ approach.

Despite the widening of the 2013 cross-government definition however, the problems that were clearly evident in the 2005 definition have now been made worse. The 2013 definition obscures at best and denies at worst, any clear-cut gender analysis of male violence against women. In addition, the lack of a clear distinction between family violence and intimate partner violence prevents agencies, including the police, to

identify the most basic component of a gender analysis: who is doing what to whom (Kelly and Westmarland 2014). The 2013 definition has also downplayed the forms of violence that mainly affect minority women. This contrasts with the 2005 definition, which included female genital mutilation (FGM), forced marriage and honour based violence in the main text. The 2013 definition however, makes these forms of violence a footnote. Furthermore, the current definition makes no distinction between the tactic of coercive control between intimate partner violence and violence between family members. Kelly and Westmarland (2014) have argued:

‘Coercive control is a concept developed to make sense of the many subtle and not so subtle ways in which men impose their will in heterosexual relationships, and it draws on cultural norms about both masculinity and femininity. This cannot be simply read across into other relationships which are often generational, in which the issues of gender and sexuality play out differently.’ (Westmarland and Kelly 2014 no page number)

It remains to be seen whether the new criminal offence of coercive and controlling behaviour due to be introduced later in 2015 will have any impact on prosecution and conviction rates.

Due to the fact that there is no statutory offence of domestic violence, perpetrators are currently arrested for a range of criminal offences including common assault, criminal damage and harassment, threat to kill and actual bodily harm (Hester and Westmarland 2006). This often leads to police and prosecutors making too narrow an interpretation of the term, focusing on incidents only, rather than patterns of coercive and controlling behaviour over time. The difficulty in placing this type of behaviour within the criminal justice framework has subsequently led to high rates of attrition amongst domestic violence perpetrators entering the criminal justice system. Research by Hester (2006b) in the Northumbria police area for example, found that only four cases out of 869 incidents resulted in the suspect being convicted and given a custodial sentence. Similarly, low conviction rates were found in a further study undertaken in Bristol where only seven cases out of 784 domestic violence incidents resulted in a conviction and custodial sentence (Hester and Westmarland 2006). Westmarland (2011) notes that:

‘...despite a range of campaigns proclaiming that ‘domestic violence is a crime’, this is not strictly true. Instead it would be more accurate (though admittedly not as eye catching) to say ‘only some forms of domestic violence are crimes.’ (p289)

The inclusion of the term ‘any incident’ or ‘a pattern’ within the definition is also cause for concern, and continues to obscure the reality of domestic violence. While it is recognised that the inclusion of ‘any incident’ is necessary because of certain forms of violence (i.e. FGM or forced marriage), the definition fails to address the fact that domestic violence is, by its very nature ‘a pattern’ of coercive control. The term ‘any incident’ is particularly problematic when analysing prevalence data. Findings from the Crime Survey England and Wales for example will remain misleading. Kelly and Westmarland (2014) argue:

‘The ‘any incident’ definition means that a single push, slap, or incident of emotional or psychological abuse such as name calling will be given the same weight in the survey [Crime Survey England and Wales] as repeated, and arguably more dangerous acts, such as strangulation and threats to kill... [and] that women are almost as violent in interpersonal relationships as men.’ (Kelly and Westmarland 2014)

Given that the Crime Survey England and Wales is our only national level domestic violence self-report victimisation study, the ‘any incident’ definition, and the analysis that follows from it, will produce the skewed findings of a gender symmetry within the overall prevalence of domestic violence.

While the inclusion of young people aged 16-18 years in the 2013 definition of domestic violence is welcomed, it still continues to marginalise rape and sexual violence. Not just as a whole, but in particular for young women under the age of 16, who experience sexual violence within the family. It would also have been worth making more visible the impact of domestic violence on those aged under 16 years.

## **1.6 Impact on children**

Over the past two decades there has been a growing body of literature exposing the negative effects on children of living with, and witnessing domestic violence.

Research has revealed that domestic violence and abuse of children commonly co-occurs, and children are frequently physically or sexually abused, in addition to witnessing the abuse of their mothers (Humphreys and Thiara 2002, Mullender et al. 2002). Children are also affected by overhearing or intervening in domestic violence (Abrahams 1994, Mullender et al. 2002, Rodriguez 2006), and often, in the aftermath can express anxiety, fear, a lack of security and a reluctance to trust (McGee 1997, Mullender et al. 2002, Buckley et al. 2007). Domestic violence can thus have a detrimental impact on children (see for example Jaffe et al. 1990, Abrahams 1994, Saunders et al. 1995). Evanson (1982) found that 72 per cent of mothers who were victims of domestic violence felt that their children had experienced negative emotional impacts because of the violence. Notwithstanding, it is clear from the literature that however children witness domestic violence there are a range of impacts on children who live in a violent household. This literature also notes that there is no uniform response to living with domestic violence and children react in many different ways (Hester et al. 2000). Edelson (1995), in a review of 84 domestic violence studies, highlights the association between domestic violence and a series of childhood problems, and concludes that 'child witnesses of domestic violence exhibit a host of behavioural and emotional problems when compared to other children'.

## **1.7 The perpetrator as father**

Evidence relating to the adverse effects on children has subsequently led to changes in UK law and policy. In section 120 of the Adoption and Children Act 2002, for example, the legal definition of 'significant harm' now includes 'any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence'. Yet, despite domestic violence being acknowledged as a child welfare issue, there is little empirical evidence to suggest that the legal and policy landscape recognises that the vast majority of those who use violence and other abusive behaviours to control and dominate in relationships are heterosexual men (Mirrlees-Black 1998, Blacklock 2001), and that these men are often central in the lives of children as fathers. Parallel to this there has been a confluence of policy approaches that promotes the idea that it is beneficial for children to have an on-going relationship with their father after separation. This has led to concerns about possible implications for private law Children Act proceedings, resulting in several research studies exploring violent men's capacity to parent. These studies have indicated that few violent fathers understand violence against mothers as emotionally



abusive to their children, and are, on average, less engaged with their children, and are inconsistent in providing physical care (Harne 2003, 2011). The knowledge base in existence that demonstrates the negative effect of domestic violence on children (Morley and Mullender 1994, McGee 2000, Radford et al. 2009, 2011) and how the use of domestic violence greatly impacts on men's ability to parent their children (Harne 2011), has increasingly led to a focus on empowering women and children to leave violent men.

In the UK, children's social services have adhered to this discourse by focussing on the role of the mother in securing the protection and welfare of the child, rather than the violent father. While leaving the perpetrator may, for some women, be the only option, it has been well documented that some women simply do not want to separate or, because of their situation, are forced to remain in contact with their ex-partner due to shared child care arrangements or other matters determined through Family Law (Bagshaw et al. 2010). Davies (2011) questions the adequacy of policies and services that focus on assisting women to end abusive relationships when it has been well documented that this does not necessarily end the violence, and that men often go on to abuse in future relationships (Gondolf 2000). The assumptions made about women's choices to remain in, or leave a violent relationship, highlights a major disconnect between women's lived realities in comparison with both the public stereotypes about women who choose to stay, and the types of services offered to support them and their children (Hamby and Bible 2009). There is also a huge disconnect within UK policy on domestic violence; the fact that perpetrators of domestic violence are rarely referred to as fathers, and the rhetoric of 'engaging men as fathers' in child welfare.

## **1.8 Domestic violence and child welfare**

The post-separation period has been highlighted as a time of acute danger for women and children where risk of homicide increases (Wilson and Daly 1993). It has also been repeatedly highlighted that children's contact with their father is often a site of further abuse (Hester and Radford 1996, Anderson 1997, Radford, Sawyer and AMICA 1999, Walby and Allen 2004). The welfare checklist in section 1 of the Children Act 1989 does direct the courts to take account of the wishes and feelings of children, however the limited efforts to hear children's views have been extensively highlighted (see Radford and Hester 2006), and, even when children do express their

views, their voices are marginalised and seen to be influenced by their mothers (Harrison 2008).

In the UK, policy and case law strongly promotes the preservation of children's relationships with non-resident parents and other significant family members after parental separation (Hunt and Macleod 2008), and appears to be widely viewed as synonymous with promoting child welfare. In a key court ruling (*Re O, Contact: Imposition of conditions*, 1995) it was stated that contact with the non-resident parent is 'almost always' in the interests of the child (cited in [www.womesaid.org](http://www.womesaid.org), undated). The private family court presumption that children 'want' contact with their domestically violent father and the risks involved, has increasingly caused concern and has been highlighted by research (including Hester and Radford 1996, Hester and Pearson 1997, Aris et al. 2002, Aris and Harrison, 2007). One of the ways in which practitioners have responded to this is to recommend domestic violence perpetrator programmes (DVPPs) before contact is recommenced, in order to ensure men take responsibility for their violence and to focus on the needs of their children above their own. The issue has recently moved from the periphery of social policy to the recognition that this is a central child protection issue. This mainstreaming of domestic violence as a safeguarding issue has resulted in significant increases in referrals to perpetrator programmes from child welfare agencies (Featherstone and Peckover 2007), made possible by the already existing network of community-based programmes. The social work response to domestic violence, however, continues to be deemed problematic, with a growing body of evidence highlighting professional ignorance and avoidance of perpetrators (Devaney 2009, Munro 2011). There has previously been a paucity of statutory guidance on what constitutes an appropriate safeguarding and protective system (Rivett and Kelly 2006). Although some guidance does now exist, it remains the case that child welfare professionals within statutory services often fail to engage with perpetrators of domestic violence and instead make abused women responsible for their children's safety (Farmer 2006, Radford and Hester 2006).

## **1.9 Domestic violence perpetrator programmes**

In recent years there has been an increased recognition that working with male perpetrators can result in positive outcomes for both women and children where such work is included as part of a holistic, coordinated community response to domestic

violence (HM Government 2009). In England and Wales this work is provided through two routes; criminal justice based programmes in prison, or in probation-led community settings or community based programmes that take self-referrals, partner-mandated referrals or statutory referrals such as children's services. Throughout the last two decades however, the important question has been: do men's domestic violence programmes work? Although evaluations of perpetrator programmes have been conducted, the body of work fails to show a consistent answer as to their effectiveness as much of this research has been hampered by methodological difficulties that continue to pose problems in interpreting the results (WHO 2002, p106). Added to this, most of the existing evaluations have been conducted in the USA in a different context, for example, where integrated women's support services and accreditation are not standard. A further problem lies in the definition of 'success'. Westmarland and Kelly (2012) have recently begun to move the debate away from the limited focus of 'success' as ending physical violence. They suggest that measurements of success need to be redefined and their research focuses on the perspectives of men on programmes, their partners/ex-partners, funders/commissioners and practitioners. The study found that 'success' meant more to participants than merely ending the violence, and was deeper and more complex than current measurements of success. These included men's enhanced parenting skills, a reduction or cessation of violence, and an awareness of the impact of their abuse on their partner/ex-partner and their children. However, while a set of more nuanced indicators of 'success' has been developed based on the views of adult stakeholders, it is imperative that children's views are added to this framework. As community-based perpetrator programmes take an increased proportion of referrals from children's services, outcomes for children require more specific attention. Yet, despite one evaluation study of a DVPP in the UK (court mandated men only) and several in the US, none have investigated the outcomes of these for children. In 2001, Respect, the National Association for Perpetrator Programmes and Associated Services, was launched. It grew out of the National Practitioners Network to fulfil the need for a representative body that could support practitioners, give them a 'voice', develop a code of practice and help to disseminate information about effectiveness. Membership of Respect requires commitment to a developing code of practice; the Statement of Principles and Minimum Standards for Practice, covering matters such as the principles underpinning intervention work, parallel services for women partners, training for group leaders, group size, programme length and minimum content. It also states that evaluating practice in terms of the safety and quality of life of women and

children is central to this work. In essence, Respect works on the principle of 'promoting best practice in working with perpetrators, to ensure that they prioritise the safety of those affected by domestic violence' (Respect, undated). A core feature of their accreditation standard is children's safety and the harmful parenting of domestically violent fathers (Respect Accreditation Standard 2008, p77). Despite the fact that the safety of children is a key objective inherent to the outcome of programme completion, this area is sorely neglected within the academic literature. Little is known about whether perpetrator programmes improve outcomes for children or ensure their safety. It is research with Respect member organisations and the children of fathers participating on domestic violence programmes that underpin this thesis.

### **1.10 Project Mirabal**

This PhD research forms part of a wider programme of research named Project Mirabal which investigates British non-criminal justice DVPPs. The project is funded by the Economic and Social Research Council, Northern Rock Foundation and Lankelly Chase Foundation. The starting point for Project Mirabal was the contention that an impasse had been reached in both research and policy on perpetrator programmes. On the one hand are repeated calls for interventions that call perpetrators to account, whilst on the other a deep scepticism about both routes – perpetrator programmes and criminal justice sanctions. This scepticism has resulted in DVPP programmes being held to far more stringent levels of scrutiny and measures of success than criminal justice interventions (Kelly and Westmarland 2015). Project Mirabal moves away from the notion of 'no more violence' or 'programme completion' as core outcome measure of 'success', and explores what DVPPs add to coordinated community responses to domestic violence.

'Success' ... means far more than just 'ending the violence'. It would be quite possible for the physical violence to stop but at the same time for women and children to continue to live in unhealthy atmospheres which are laden with tension and threat.' (Westmarland, Kelly and Chalder-Mills 2010, p16)

In a pilot study, 73 interviews were conducted with women partners/ex-partners, men attending DVPPs, practitioners (men's workers, women's workers and children's workers), and DVPP funders and commissioners. From these interviews, six measures of success were developed, which are carried through as indicators within

the main body of the research (see Table 1.1 below).

**Table 1.1      Project Mirabal: Measures of success**

1. An improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication.
2. For partners/ex-partners to have an expanded 'space for action' which empowers through restoring their voice and ability to make choices, whilst improving their well-being.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men on programmes, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children: safer, healthier childhoods in which they feel heard and cared about.

Of significance for this research is that four of the measures (3, 4, 5 and 6) directly relate to children and, as such, children have been integral rather than an 'add on' to Project Mirabal. Summarised below are the four that directly reference children:

- **Measure 3 - Safety and freedom from violence and abuse for women and children.**

This is perhaps the most obvious of the measures, given that for women and children being and feeling safer is one of the official objectives of most DVPPs. Following Stark's (2009) work in the US and the way the women talked about wanting to be able to have 'normal arguments' and for them and their children to no longer live in fear of violence, 'freedom from' the threat of violence as well as actual safety is included within this measure.

- **Measure 4 - Safe, positive and shared parenting.**

This measure refers not only to parenting being safe – for example for unsupervised contact to be able to take place and to trust fathers to take children out or be able to take care of them alone – but also having more frequent family activities, and men being generally more attentive to and interested in the lives of their children. The majority of the women interviewed desperately wanted their partner or ex-partner to be a better parent for the sake of their child(ren), regardless of the relationship they had with them. For example, one woman

described how she managed her time to ensure she was home before the children got in from school in order to prevent friction between them and their father. She explained that while he didn't use physical violence against them, he just 'didn't show any interest' in them and do the things that are part and parcel of being a parent: 'when you're a parent you end up doing an awful lot of stuff you would rather not be doing, don't you? ... he'd sort of say "oh, no no no!" and I'd say [name of man] that's not very nice, she wants you to take her'. Hence, it was not just safe parenting that was important, but positive and shared parenting.

- **Measure 5 - Enhanced awareness of self and others for men on programmes, including an understanding of the impact that domestic violence has had on their partner and children.**

The idea of violent men saying 'sorry' for their behaviour towards women and children can seem glib to some. However, the ability to truly listen, empathise, and understand what life had been like for those living under his regime of control was important to many of the women and children; reflected, for example, in the letter written by R in chapter six where he wanted his father to be 'sorry'.

- **Measure 6 - For children: safer, healthier childhoods in which they feel heard and cared about.**

Although this measure has obvious overlaps with the other measures, particularly 3 and 4, this relates directly and solely to children. While children's safety has in recent years become more central to the work of DVPPs, (since men are increasingly referred by Children's Services and from the Family Court) safety goes deeper than physical safety and encompassed physical and emotional health and wellbeing; happiness; freedom from fear and/or having to protect their mother or siblings.

### **1.11 Theoretical perspectives on domestic violence**

While there are many different theoretical approaches that aim to explain men's violence towards women, this study is based primarily on a feminist analysis of domestic violence. Previous feminist research in this field has thus been drawn upon to develop the conceptual basis and analytical tools. Feminism is a multi-disciplinary approach to sex and gender equality understood through social theories and political activism. Historically, feminism has evolved from the critical examination of inequality between the sexes to a more nuanced focus on the social and performative

constructions of gender and sexuality. Feminist theory thus aims to interrogate gender inequalities and to effect change in areas where gender and sexuality politics create power imbalances. During the 1960s and 70s, domestic violence was primarily the concern of the women's movement and strongly associated with feminist thought on male domination and male power. Indeed, most feminist theorising about domestic violence centres on making connections between the power that men exercise in their personal relationships and the power that men exercise as a group (Welsh 2008).

In terms of intervention strategies for domestic violence, all services rely on a theory of violence that will ultimately dictate their response to it. If these understandings of violence vary, the response will be inconsistent and ultimately harmful to victims. When understandings of the issue are shared, a co-ordinated response is the most effective way forward. One of the most consistent themes in the literature is the argument for a feminist orientation for understanding domestic violence, and for this perspective to underpin the principles of service provision with victims and perpetrators (i.e. Gondolf 1988, Walker 1989, Pence and Paymer 1993, Scourfield and Dobash 1999). It is feminism and social learning theory that underpin the Respect model of intervention with victims and perpetrators. Respect programmes have been located within a co-ordinated community response and have the dual goals of victim safety and offender accountability. Education, challenge and re-socialisation techniques are used to increase men's understanding and enactment of mutual equality and respect, and their acceptance of responsibility for their violence (Hamberger and Hastings 1993, Healey et al. 1998). While feminist theory is my own orientation for understanding domestic violence and is the basis of this study, it is necessary to place this in the context of a discussion that examines the strengths and limitations of some other theoretical perspectives on domestic violence.

#### **1.11.1 Social/structural models**

In this approach sociologists assume that social/structural factors are the basis of domestic violence. Structural inequalities are explained as the cause of men's violence, for example, poor housing, relative poverty and unemployment. Various researchers have pointed to a higher incidence of domestic violence in lower socio-economic groups (Pahl 1985), and minority ethnic groups (Hampton, Gelles and Harrop 1989). However these findings have been widely disputed (see for example Walker 1984, Pagelow 1981) and it has been well documented that domestic violence

occurs across all social strata (Ptacek 1988, Straus and Gelles 1990, Wolfe and Jaffe 1999). Morley and Mullender (1994) have argued that while reports of domestic violence are higher in lower socio-economic groups, these are more visible because of a greater likelihood of requesting service intervention from agencies such as social services, police and refuges; the very agencies from which research samples are often drawn.

Some socio-structural theories explain men's domestic violence as a stress reaction to a masculine identity crisis in situations of relative deprivation, unemployment, or changing gender roles (Gelles 1987, Wood and Jewkes 2001). Social theories also focus on the influences of the individual's social context, such as attitudes to violence. These theories have been criticised for ignoring individual differences, and for failing to explain why most men (and most financially poor men) are not violent to women (Mullender 1996).

A growing chorus of researchers and political activists have claimed that both women and men are victimised by domestic violence in roughly equal numbers (see Dutton 2007, Gondolf 2007, Stark 2007 for an overview of the debate). The research evidence regarding gender symmetry in incidents of domestic violence has been used to argue that both men and women use violence equally in abusive relationships and that this constitutes 'partner violence' or 'family violence' (see Gelles and Straus 1988). As one writer put it, 'Men are the victims of domestic violence at least as often as women' (Brott 1994 cited in Kimmel 2002 p1333). There exists similar research studies in both the UK and US that suggest that domestic violence is perpetrated by both men and women in equal numbers (see, for example, Fiebert 1997, Archer 2000). Research by Straus and Gelles (1990) found that violence was gender symmetrical in both frequency and severity. The survey was conducted using a measurement tool developed by the researchers known as the Conflict Tactic Scale (CTS). Findings from this have been strongly contested by others who argue that the tool is inherently flawed in that it does not measure the impact of actions that may be different for men and women (Dobash and Dobash 1992). A more recent comprehensive review of the literature on gender symmetry (see Kimmel 2002) concludes that while some women do use violence towards a male partner, it is necessary to understand that men tend to use violence more instrumentally to control women's lives, and that the two types of aggression must be embedded within the larger framework of gender inequality. Kimmel (2002) suggests that claims of gender symmetry are often made by those who



do not understand the data, what the various studies measure and what they omit. He concludes that:

‘Women’s violence toward male partners certainly does exist, but it tends to be very different from that of men toward their female partners. It is far less injurious and less likely to be motivated by attempts to dominate or terrorize their partners.’ (p1356)

My theoretical standpoint, therefore, posits the view that domestic violence is not symmetrical, but does include a significant percentage of women as perpetrators. However, as feminist research has repeatedly pointed out, women’s violence is most commonly used in self-defence or retaliation, and women are not usually the instigators of violence or the primary abuser (Saunders 1988, Dobash and Dobash 1992, Hague and Malos 1993). Male violence on the other hand, tends to be instrumental in the maintenance of control of women and is overwhelmingly more systematic, persistent and injurious.

#### **1.11.2 Individual/psychological models**

Individual-level explanations of domestic violence locate the problem within the person. Within this framework domestic violence is understood in terms of individual choices, characteristics, interests, biology, genetics, and individual pathology, drawing on developmental and personality theories. They variously suggest that interrelated factors, such as experiencing violence in their family of origin, insecure or disorganised attachment styles, personality disorders, anger, depression, emotional difficulties, substance misuse problems or low self-esteem, explain why some men become violent to their partners (Hamberger and Hastings 1993, Dutton 1995, Cunningham et al. 1998, Healey et al. 1998). As a result of these theories, welfare workers and mental health professionals have turned their clinical expertise to working with issues of violence, in effect, changing it from a political to a psychological issue (Pleck 1987, Tierney 1982 cited in Gondolf 1988). The premise being that violent patterns of behaviour are long standing and firmly entrenched, requiring intensive and individualised treatment therapy. While research has demonstrated that perpetrators of domestic violence do have more pathology and behavioural problems than non-abusive men (Dutton 1995, Heise 1998, Cunningham et al. 1998), feminists have argued that some of these associations emerge as a consequence rather than as a cause of domestic violence, or because abusive men blame their behaviour on other

problems. Alcohol and drug misuse, for example, is a socially accepted reason for 'loss of control' (Horley 2002). Indeed, research by the Economic and Social Research Council (ESRC) found that a quarter of all facial injuries to women happen during alcohol related incidents (cited in Venumadhava and Sahay 2015). However, the majority of perpetrators are not alcoholics and most heavy or binge drinkers are not abusers (BMA 1998). Seventy-six percent of physically abusive episodes occur in the absence of alcohol (Kantor and Straus 1987). These individual-level explanations have also been criticised for failing to hold men responsible for their decisions to use violence and ignoring both the power dimensions of violence and socio-structural context. They also fail to explain why domestic violence is largely perpetrated by men against women or why most men who experience domestic violence as children do not go on to abuse their partners (Tolman and Bennett 1990, Mullender 1996, Cunningham et al. 1998). Simonetti et al. (2000), for example, have questioned why it is predominantly men who respond as adults to 'the extreme detachment necessary to engage in severe violence' (p1271).

Individual based theories also fail to take into account why all men with mental health issues are not perpetrators of domestic violence, and why violence is solely perpetrated against partners and children and not others. Intervention with perpetrators thought to have chronic psychological problems involves lengthy and intensive 'therapy' and substantial additional individual support. A risk management approach is taken with those not considered amenable to treatment (Saunders 1993, Cunningham et al. 1998). However, interventions with perpetrators based on individual models (e.g. psychotherapy, anger management or substance abuse treatment) have raised concerns that the interpersonal and cultural context of violence and its functional nature, is ignored, and that the violent and controlling behaviour itself not directly confronted or addressed, and may even be exonerated, or tolerated, until the perceived underlying problem is resolved (Barnish 2004). There is also the danger that anger management approaches may implicitly seek explanations for the perpetrators violence in the character of the victim (Hamberger and Hastings 1993, Saunders 2001). Gondolf (2002) has argued that individual/psychological perspectives can too easily reinforce a sense of entitlement, self-righteousness and narcissism, so often associated with perpetrators of domestic violence. In a large scale longitudinal and multi-site study Gondolf tested the hypothesis of personality disorders and psychopathology among perpetrators. He found little evidence for a prevailing 'abusive personality' or Post Traumatic Stress Disorder (PTSD). While the continuum

of narcissistic and avoidant tendencies did cut across all groupings in the sample, there was only a small group of men who had severe personality or psychopathic tendencies (Gondolf and White 2001). He suggests that gender-based cognitive behaviour group therapy (CBGT) is appropriate for most referred men. This is the basic model used by Respect and member organisations.

A further theoretical category within the individualist/psychological model is family systems theory, which is based on the idea that each individual should be viewed not in isolation but in terms of the interactions, transitions and relationships within the family (Gurman and Kniskern 1981). This perspective has gained common currency in the public domain and has strongly influenced direction of psychological inquiry. However, it has a tendency to place equal responsibility on victims and leads researchers to seek explanations for domestic violence in the character of those being abused. Numerous studies have sought to find predictors of who and what type of woman will become a victim of domestic violence (i.e. Kantor and Straus 1990, Gelles and Strauss 1988). Some of the variables examined within this body of research have included low self-esteem, economic dependency, previous experience of domestic violence and mental health issues. The theory of 'co-dependency' has consistently gained acceptance within the field of psychology (see Bradshaw 1988, Cullen and Carr 1999, Vaknin 2014), and is used to describe a 'personality disorder' found explicitly within women who stay with violent men. The term has also been generalised to refer to the partners of anyone with any form of major behaviour problem (excessive gamblers, workaholics, substance misusers). Cermak (1986) states that, 'One of the most reliable symptoms of co-dependence is the inability to leave a chronically abusive relationship behind' (p33). Blaming the victim is further reflected in the questions often addressed in research, questions about why women stay in, or return to, relationships where there is domestic violence. Gondolf (1988) claims that these questions have prompted numerous studies of female dependence and subsequently identified deficiencies. The notion that all women who have difficulty leaving violent men have some form of personality disturbance is dangerous because it blames the victim for not being able to prevent, avoid or cope with the violence. Feminists have argued that blaming the victim further undermines her ability to take action against the violence (Dobash and Dobash 1987, Roxburgh 1991). The theory is also criticised for ignoring the power dynamics in relationships, blaming victims and/or requiring them to change their behaviour so as not to 'provoke' an attack, increasing the risk of further abuse, and for failing to hold abusive men accountable for their

behaviour (Mullender 1996, Cunningham et al. 1998, Eiskovits and Edleson 1989, Saunders 2001). As Roxburgh (1991) explains, blaming the victim:

‘...reinforces the abused woman’s low self-esteem . . ., can contradict her interpretation of the violent situation and distort her version of what is happening . . .; can weaken her resolve to act because she feels responsible for and therefore deserving of the violence; makes her feel undeserving of other assistance; diminishes the capacity of the service provider to offer assistance which will be of real benefit to the woman; and is untrue.’ (p143)

Interventions suggested by proponents of family violence theory include relationship counselling involving both partners. These focus on improving inter-personal, communication and negotiating skills (Cunningham et al. 1998, Saunders 2001). These intervention therapies have raised concerns that victims will be inhibited from speaking honestly, or will face reprisals if they do, and that encouraging women to change their behaviour denies their autonomy, discourages separation as a solution, and diverts attention from the perpetrator (Hamberger and Hastings 1993). Roxburgh (1991) also points out how blaming the victim colludes with the perpetrators’ claims of provocation and denial of responsibility. She argues that family violence ‘isolates the victim from assistance, a consequence the perpetrator frequently seeks to maintain.’ (p91)

### **1.11.3 Integrated perspectives**

Historically, the various explanations outlined above have been viewed as competing theories; but increasingly it has been recognised that integrated perspectives and interventions may better account for and address domestic violence (Cunningham et al. 1998). Cunningham suggests that no single theory provides a necessary or sufficient account of domestic violence (Cunningham et al. 1998). Taking an integrated approach from the field of gender studies, masculinities and feminist theory, scholar Lynn Segal attempts to approach the problem of men’s violence, through looking at certain specific ‘masculinities’. Segal (1991) argues that masculinity is an identity constituted by a reaction against what is perceived to be ‘feminine’ or ‘other’ in human beings. That is, for a man to identify himself as masculine there must exist a series of identities which he refuses to claim as his own. He thus projects these identities on to subordinated ‘others’, most often women and children, who he generally associates with vulnerability, passivity, domesticity and emotionality.

Horrocks (1996) suggests that by denying the 'other' and disavowing a portion of his feelings, men become accomplices and agents in the patriarchal oppression of women. Men are thus mutilated psychologically; in hating women, the male hates himself (Horrocks 1996, p182). The study of men through the lens of feminism and an examination of the link between masculinity and domestic violence has made a useful contribution to the field of violence against women, and has been critical in the effort to transform people's attitudes and beliefs.

Integrating a range of theories Goldner (1998), advocates couples therapy for domestic violence but suggests this can take place '*only* when a clear moral framework is utilized that holds the man fully accountable for his use of violence.'(p158) Using a metaperspective stance Goldner et al (1990) attempt to layer their theorizing of feminist, psychological, and sociological theories into a framework of understanding. While offering interesting insights however, Goldner and colleagues tend to misplace a wealth of trust in the idea that women will be safe once outside the therapists office after co-joint therapy has taken place. In explaining the causation and intervention of domestic violence Gadd and Jefferson (2007) have argued that 'the problem of men's violence is both more sociological and psychodynamic than the emergent pro-feminist cognitive behavioural paradigm suggests' (p161). They thus offer a challenging approach that is integrative; a psychosocial theory of domestic violence that incorporates identity, subjectivity and gender. Supporting the theory by using individual case studies of domestic violence perpetrators Gadd and Jefferson (2007) have applied an integrated approach and demonstrated its application to intervention. Gadd and Jefferson refute the cognitive behavioural model of perpetrator intervention in the UK and US as they fail to 'acknowledge the role denial plays in the aetiology of aggression'. They argue that:

'perpetrator programmes are in danger of colluding with the very desire for omnipotent control over other peoples thoughts and expectations that is so often implicated in men's violence towards their partners and children.' (p162)

In other words, the authors suggest that programmes for perpetrators based solely on a feminist model may not enable change due to the confrontational approach adopted. They suggest that this may well alienate some participants, further entrench their behaviour, and mirror the dynamics of abuse by seeking to compel change by use of power and control. They call for a psychosocial model of intervention, which acknowledges the diversity of perpetrators, their level of risk and their motivation to

change, taking into consideration child socialisation history, past experiences, personal characteristics and perceptions they bring into their social context.

Since their emergence in the UK during the 1980s DVPPs have been heavily influenced by projects in the USA (Domestic Abuse Intervention Project in Duluth, Emerge in Boston, Man Alive in California) and New Zealand (the Hamilton Abuse Prevention Project). These are based on therapeutic type approaches Cognitive Behavioural Therapy (CBT), Gestalt, and feminist understandings of domestic Violence. In more recent years however, a review of practice models undertaken by Scourfield and Dobash (1999), and Hamilton et al (2012) show a richer diversity of practice, underpinned by a feminist analysis of violence, with practitioners assessing the value of other approaches for their particular clients. This is borne out in research by Phillips (2013) who drew on data from 16 Respect DVPP programme staff.

‘All interviewees that had developed programmes spoke about the processes of adapting programmes, through listening and being responsive to the men in groups, drawing on a wide range of approaches and experiences - a far cry from the caricature of programmes as monolithic and ‘one-size-fits-all’.

(Phillips 2013 p11)

While still very clearly holding men to account, the interviews demonstrate a shift in practice, with practitioners working with men in a more sensitive and responsive way. The integration of a range of perspectives are thus designed to invite perpetrators to think in ‘shades of grey’ (Phillips 2013 p11) rather than black and white.

#### **1.11.4 Toward a theoretical framework for this study**

The theoretical basis for my own study recognises the social and economic inequalities between men and women, including men’s violence against women, which, in itself supports a prevailing patriarchal structure. Domestic violence against women by men is ‘caused’ by the misuse of power and control within a context of male privilege. Male privilege operates on an individual and societal level to maintain a situation of male dominance, where men have power over women and children. Perpetrators of domestic violence choose to behave abusively to get what they want and gain control. Their behaviour often originates from a sense of entitlement, which is supported by sexist, racist, homophobic and other discriminatory attitudes. In this

way, domestic violence by men against women can be seen as a consequence of the inequalities between men and women, rooted in patriarchal traditions that encourage men to believe they are entitled to power and control over their partners.

Underpinning this, my standpoint is heavily influenced by Stark's (2007) theory of coercive control, which sees gender as a form of structural inequality that makes women more vulnerable than men to the strategies of coercive control. Abuse has thus been redefined from specific acts of violence, such as domestic violence to an ongoing and gender-specific pattern of coercive and controlling behaviours that cause a range of harms. Stark argues that what is at stake for women in relationships involving interpersonal violence is freedom and autonomy and the ability to actualise full citizenship. The debilitating impact on women's sense of self as everyday life becomes more and more imbued with fear and threat has been well documented in research with survivors (Hoff 1990, Kirkwood 1993). The fact that women try to manage the violence by constraining their own behaviour, i.e. who they see and how they behave, in effect limits their own 'space for action' (Kelly et al. 2008). Stark (2009) argues that domestic violence and other forms of violence against women ought to be understood as a human rights violation.

In theory of course, women's and children's rights are not antithetical and this study applies a feminist, human rights praxis in terms of children. It firmly repositions children's rights where they belong: in the realm of human rights. In recent years there has been a rethinking of children's traditional dependent objectified status within social science research methods. This has been influenced by the United Nations Convention on the Rights of the Child (1989) that espouses the view that children are active beings and not just the passive recipients of parental or professional care. Children are thus social agents, capable of possessing informed views of their own situation. I believe it is imperative that children's voices are heard on the issues that affect them. Children have a right to be fully and appropriately informed about their fathers' participation on a domestic violence perpetrator programme, and to be allowed a voice on the impact of this participation on their own lives. The argument here is thus based on the epistemological thinking that all children are 'creative social and moral agents' as opposed to 'unfinished projects under adult control.' (Smart 2001 p1)

While much of the family orientated research uses many of the 'individual' variables (outlined below) to explain why particular family units experience violence, the major emphasis is on the deterministic characteristics of family structures. The family is

therefore perceived as 'a unique social grouping for frustration and violence.' (Buzawa and Buzawa 1990 p17)

### **1.12 Rationale**

The rationale for undertaking this particular research topic can be understood by two motivating factors. Firstly, throughout the last two decades the important question has been: do men's perpetrator programmes work? In devising programmes, many UK practitioners have attempted to apply a 'what works?' approach, but much of this research has proved inconclusive. Previous efforts to evaluate programme effectiveness has been hampered by methodological difficulties that continue to pose problems in interpreting the results (WHO 2002, p106). In addition, sources of data for determining 'success' have also proved problematic. Edleson and Tolman (1992) argue that studies using men's self-reports are not reliable as there is evidence that men consistently under-report their violence, nor is police arrest data a reliable outcome measure. Domestic abuse is notoriously under-reported, and the pressure on women from partners on programmes not to report further abuse to the police is recognised as a problem by researchers. Despite the difficulties involved in obtaining information, Edleson and Tolman (1992) suggest that most confidence can be placed in those studies that use women's reports or combined male and female reports. As we now know, however, there is a clear evidence base that supports the correlation between domestic violence and child abuse. This has led to an increased awareness of the impact of domestic violence on children and resulted in the mainstreaming of domestic violence as a safeguarding issue. However, the social work response to domestic violence has been deemed problematic with a growing body of evidence highlighting professional ignorance and avoidance of perpetrators (Devaney 2009, Munro 2011). In addition there has been a paucity of statutory guidance on what constitutes an appropriate safeguarding and protective system (Rivett and Kelly 2006). Given that further reforms of the family justice system are in motion to ensure children have contact with their fathers, it seems particularly important to remember that many of these men are also perpetrators of domestic violence. Running parallel to this is the fact that in recent years there has been significant increases in referrals to perpetrator programmes from child welfare agencies (Featherstone and Peckover 2007). It is slowly being recognised that perpetrators of domestic violence are also fathers, and that perpetrator programmes in the UK need to make domestically violent fathers' harmful parenting an integral component of their work (Roskill et al. 2011). My



concern here relates to the fact that despite numerous UK evaluations of perpetrator work and the difficulties over definitions of success, sources of data, follow-up periods and research design, it is of particular concern that the children of domestically violent fathers have not been given a voice. Through a review of the literature it became evident that there is a lack of integration of children's views directly. In the main, it is the views of women (mothers) that are used as a proxy for children's experiences. This is often to do with the reluctance of researchers to undertake this type of work with children due to the sensitivity of the topic of domestic violence. Arguably, it becomes even more complicated when asking children, not about the effects of domestic violence generally, but asking questions directly about their fathers' violent behaviour and the impact of his participation in a programme. This is an area that has been considerably overlooked and I am aware of only one study to date that begins to explore what children think about perpetrator intervention (see Rayns 2010). While this was a small scale study that elicited children's views using a short questionnaire, it was limited in terms of considering the processes through which children are informed about perpetrator work, the factors that ensure children feel safe, and how perpetrator work affects the father/child relationship. My research study builds on this work, taking a unique methodological approach.

My consideration of the reasons for the paucity of research with children in the area of DVPPs led me to conclude that the very nature of domestic violence and its sensitivity throws up a myriad of challenges for the researcher. What to ask? How to design the research and what would be the most appropriate method to use in research of this kind? There was little to go on in the international literature and hence no direction. The lack of research tools available for eliciting this important information from children was my second motivating factor for undertaking empirical research in this area. I decided therefore to develop my own child friendly tool and to take an approach that would enable children to feel comfortable and elicit data that could open up new possibilities for children, question the way we have always thought about and done things, and raise issues that might not have been considered before. The 'research book' was thus developed as a bespoke methodological tool to find out for the first time about the impact of their fathers' participation on a DVPP and what this means for children. The research seeks to contribute to the existing evidence base in relation to support for children as part of the safeguarding children agenda, and in effect promote a better understanding of children's views and needs within the context of domestic violence.

### **1.13 Research aim**

In light of the lack of research on the impact of DVPPs on children, this study specifically explores the outcomes of their fathers' participation on a programme and how this intervention impacts on their lives. The overall aim of the research is thus to:

‘Investigate the impact of domestic violence perpetrator programmes on children.’

This study meets the overall aim through addressing the following four research questions:

1. To what extent are domestic violence perpetrator programmes working to support children whose father is participating on a programme?
2. To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children and how does this affect the motivation of men?
3. What is the most appropriate methodology for seeking the views of children on their experiences of their fathers' participation on a domestic violence perpetrator programme?
4. How do children experience their fathers' participation on a domestic violence perpetrator programme, and how have their lives changed as a result of this intervention?

These questions were explored through an online survey of domestic violence perpetrator programmes. Semi-structured interviews were also carried out with eleven programme staff members (including DVPP facilitators, children's support workers and women's workers). These dealt explicitly with the extent and ways in which programmes address the impact on children and how this affects the motivation of men. A gap in the literature is addressed by taking into account the views of children themselves. Interviews were undertaken with 13 children aged 7-16 years using a task based research tool that enabled children to talk openly and honestly regarding

the outcomes for them of their father's participation on a DVPP. This study seeks to fill an important gap in the literature and investigate what the outcomes of DVPPs look like for children whose father is attending such a programme. By eliciting the views of children about their fathers participation and what it means to them, we can gain a deeper understanding of what children hope for, and what 'success' looks like through their eyes.

#### **1.14 Outline of this thesis**

This opening chapter has introduced the research, its key concepts, the theoretical perspective underpinning it and the primary aims and rationale for undertaking it. Threaded throughout the following chapters are the relevant legislative and policy framework around domestic violence and children, and the specific responses available. Chapter two explores the literature relating to the maltreatment of children and the overlap with domestic violence. It examines the role of fathers and the contradictions between policy discourses in terms of violent fathers. It goes on to look at the responses of child welfare agencies and domestic violence services, the problems associated with their intersection and the importance of a co-ordinated community response to domestic violence. Chapter three discusses the methodology, methods and ethical considerations. It includes my reflections on the emotional labour involved in interviewing children and my observations of a DVPP group discussion on the topic of the impact of domestic violence on children. Chapter four includes the findings from a quantitative survey, which was conducted to provide a general scoping of the nature and extent of direct work that is currently undertaken with children of men on DVPPs. Chapter five focuses on the views of DVPP workers which include programme facilitators, children's support workers and women's workers. Given that eliciting the views of children on their fathers' participation on a domestic violence perpetrator programme is central to this study, Chapter six explores the use of child centric methods that have been previously used in research with children and explains why and how I adapted the 'Life Story Book' as my method of choice to accommodate the topic under investigation. This chapter outlines the design and development of the child centred research tool and gives a critically reflective account of its genesis. It evaluates the use of the research book as a methodological tool for interviewing children on the sensitive topic of domestic violence and the limitations of its use. Chapter seven delineates the perspectives of 13 children whose fathers, at the time of interview, were attending or had recently attended a DVPP. The final chapter draws

together the findings and discussion. It considers the contribution of the study to the field of knowledge on children and domestic violence, and concludes by considering the implications of findings and offering recommendations for actions to be taken in terms of policy, practice and research.

## **CHAPTER TWO**

# **Fathering and Childhood Development**

## **2.0 Introduction**

This chapter gives an in-depth review of the literature on how men's violence impacts on their children. This is set in a current evidence base and framework for which my own research on the impact of men's participation on a DVPP and the outcomes for children is situated. It delineates how fatherhood has been conceptualised in policy, practice and theory and draws on discussions regarding the significance of the father-child relationship and how and where the domestically violent father is situated in these discussions. It draws on the existing evidence on how children's experiences of domestic violence often overlap to include child maltreatment in terms of neglect, direct physical violence, emotional abuse, or sexual abuse, and provides a structure for documenting the effects of domestic violence and child maltreatment. In this context I use a sequence of children's developmental stages incorporating a discussion of age and other factors, identifying some clear trends in the types of development, emotional and behavioural problems associated with experiencing domestic violence. I then turn to look at some of the responses to men's violence in terms of child contact, child welfare responses and perpetrator programmes.

## **2.1 The role of the father**

The question of what role fathers play in shaping the experiences and development of their children has been a topic of debate historically. Prior to the 1970s, for example, much of the literature on child development tended to doubt whether fathers had a significant role to play in the intellectual, social and emotional development of their children (Lamb 1976). The emerging research over the following years, however, raised concerns regarding the rapidly changing patterns within family structures, for example working mothers, 'latchkey children' and the 'decline' in traditional family relationships. However, as Featherstone (2001) argues:

‘these assumptions were based on a time when parents’ roles were fixed and clear and everyone knew their place. Mothers took responsibility for the private domain while fathers went to work in the public domain.’ (p240).

The rise in divorce rates in the mid-1990s, coupled with an increase in the numbers of single, never married, mothers, raised concerns regarding the impact of the absence of fathers in children’s lives, particularly boys. Some researchers sought to explain the effects by suggesting that boys would not acquire strong masculine identities or have a model of achievement with which to identify. As Lamb (1997) points out however, many boys without fathers tend to develop quite normally without a sex role or achievement model. He argues:

‘In sum, the evidence suggests that father absence may be harmful, not necessarily because a sex role model is absent but because many aspects of the fathers’ role-economic, social and emotional, go unfulfilled or inappropriately filled in these families.’ (p11)

In more recent years traditional notions of parenting have eroded with an increase in mothers with young children under four years old working full time (ONS 2013). The role of fathering has subsequently been transformed from a traditional one-dimensional role, such as breadwinner, to a more multidimensional role. While traditional gender stereotypes regarding mothers and fathers still exist, fathers are, in the main, expected to be involved in all aspects of childcare and child-rearing activities (Lamb and Tamis-Lemonda 2004). Recently, an increase in research on fathers’ roles and practices has emerged and there has been particular interest in exploring the benefits of fathers’ involvement with their children in terms of: masculinity and fathering (Houari and Hollingsworth 2009, Williams 2009), children’s development including academic achievement and socio-emotional functioning (Howard et al. 2006, Roopnarine et al. 2006, Goldman 2005, Tamis-LeMonda and Cabrera 2002), children’s welfare (Lewis and Lamb 2007), paternal emotional well-being, father-child attachment, and the quality of the father-child relationship (Sarkadi et al. 2008, Paquette 2004, Grossmann et al. 2002). Overall, these studies have shown that fathers’ engagement with their children has a positive effect on children’s social, behavioural, psychological, and cognitive development later in life (Sarkadi et al. 2008).

## **2.2 Attachment theory and fathers**

Attachment theory is concerned with the child's need to seek and receive care within one (or more) strong ongoing primary relationship. The nature and quality of the child's relationship with adult care-givers influences their ability to form relationships with others and realise their potential. These primary relationships are crucial, both to the protection of children from danger and the development of a secure personality. The interactions (both positive and negative) between a child and parent or carer, forms the basis for the child's image of self and also expectations of others, forming a core component of personality (Hooper et al.1997). Attachment theory is thus a framework for understanding the nature of the enduring family bonds that develop between children and their caregivers - their attachment figures. The importance of attachment relationships for children has been well documented, with early work focusing on their primary caregivers - typically mothers (see Bowlby 1969-1982). By 1988, however, Bowlby was also discussing the fact that children can form attachment relationships with fathers as well. Since then, there has been an abundance of literature that suggests children do form relationships with their fathers and that father-child attachment relationships are important for children's development (Lamb 2002, van Ijzendoorn and De Wolff 1997). Studies have suggested that the best prediction for positive outcomes for children is the attachment formed with both mother and father figures, with both parents' influences on child outcomes different, yet complementary (Wong et al. 2009, Easterbrooks and Goldberg 1990).

Overall, research has shown that father involvement is associated with a range of favourable child outcomes (Cabrera et al. 2000). Featherstone (2001) however, argues that these outcomes must be viewed in the broader context of familial relationships. Positive paternal influences are more likely to occur not only when there is a positive father-child relationship, but also when the father's relationship with the partner establishes a positive context. O'Brien (2005) has stated:

'Father involvement cannot be separated from the family relationships within which it is imbedded. The couple relationship is a key one, setting the scene against which parents negotiate and balance their family employment roles and responsibilities. Research suggests that high paternal involvement is 'grounded' in harmonious couple relationships.' (O'Brien 2005 p9)

As Featherstone (2009) notes, this is important in alerting us to the dangers of abstracting father involvement from the overall relationship context in which they operate.

### **2.3 Current policy discourse on father involvement**

The significance of father involvement has characterised the family policy/child welfare agenda over the past few decades. This can also be seen through the rhetorical devices of the father's rights movement, where discourses of father absence and the ideology that father involvement is invariably beneficial to children is a central tenet (Scourfield and Drakeford 2002). These influences on current policy approaches are clearly illustrated in policies and practices that strive to engage fathers while failing to recognise that some fathers are violent. This is in part the outcome of two disconnects; perpetrators of domestic violence are rarely referred to as fathers and simultaneously the rhetoric of 'engaging men as fathers' in child welfare policy fails to take into account that they may also be perpetrators of domestic violence (Collier and Sheldon 2008, Erikson and Hester 2001). Insights from research have highlighted the importance of locating fathers' engagement with children within the wider family ecology (Lamb and Lewis 2004), subsequently leading to a drive within UK policy for an increased engagement with fathers (i.e. Every Parent Matters 2007, Aiming High For Children, Supporting Families 2007). In a bid to change the feminised culture within children's services and emphasise the significance of fathers both resident and non-resident in children's lives, a range of projects and agencies were funded and supported by government, in part, to 'engage fathers' (i.e. Sure Start, the National Childcare Strategy and the National Family and Parenting Institute).

In a review of government policy on fathers' engagement in family services in England, Page et al (2008) highlight the fact that within these policies there is little recognition of the *different types* of fathers such as minority ethnic fathers, young fathers, lone parent fathers, resident and non-resident fathers. In fact, the authors themselves failed to identify that the issue of *violent fathers* was also notable by its absence in UK policy. Featherstone et al (2010) have argued that the failure to recognise violent men as fathers not only limits the effectiveness of support interventions for women and children, but also prevents the chance to engage with fathers and offer opportunities to intervene to change violent behaviour (p 28). In recent years a number of authors have begun to highlight the barriers and obstacles of engaging fathers where domestic



violence is an issue and the risks this can pose to women and children (Featherstone and Peckover 2007, Featherstone et al. 2009, Devaney 2009, Coy et al. 2011).

## **2.4 The parenting of domestically violent fathers**

One of the few research studies to interview violent men, as fathers, was conducted by Harne (2003). This research gives an insight into how using violence against a partner impacts on the perpetrator's ability to parent their child. For example, Harne (2003) found that fathers who are violent to their partners are, on average, less engaged with their children and often provide inconsistent physical care. Furthermore, the study found that few violent fathers understand violence against mothers as emotionally abusive to their children, failing to see their children as human beings in their own right (Harne 2011). In her interviews with domestic violence perpetrators, Harne notes that children were only brought into their accounts of the issue when they made claims to be a 'good father'. Her findings revealed that many domestically violent fathers believed that they were the better parent and that children preferred them over their mother (Harne 2011, see also Morris 2009). These findings also correlate with earlier studies. Research by Bancroft and Silverman (2002) found that violent fathers' declarations of love for their children reflect a view of children as a form of 'emotional property' existing for their benefit rather than expressions of a commitment to the child's wellbeing. Findings from the studies cited above highlight the need for further conversations regarding men's participation in domestic violence perpetrator programmes and the outcomes of these for children.

## **2.5 Child maltreatment in the UK**

In 1989, the United Nations Convention on the Rights of the Child set out children's rights to physical integrity, making all governments who ratified responsible for ensuring that children are protected from violence and that all reasonable steps are taken to help them overcome adverse consequences. In the UK, responsibility for safeguarding and the protection of children belongs to child protection services in each of the UK's four government nations: England, Northern Ireland, Scotland and Wales.

Most children who come to the attention of child protection services do so because of child maltreatment, sometimes referred to as child abuse. While there is a broad

consensus of what constitutes child maltreatment; neglect, physical violence, emotional abuse, sexual abuse (Radford et al. 2011), an analysis of the literature on the issue of child maltreatment reveals that a growing number of professionals regard the experiencing of domestic violence as a fifth subtype of abuse (e.g., Bromfield, 2005; Higgins, 2004; James, 1994). Research has shown that children who experience domestic violence tend to experience significant disruptions in their psychosocial wellbeing, often exhibiting a similar pattern of symptoms to other abused or neglected children (Kitzmann et al. 2003, Tomison, 2000). In line with this, my own research presents children's experiences of domestic violence as a unique and independent subtype of child maltreatment rather than a form of emotional abuse per se (James 1994, Higgins 2004).

Definitions of child maltreatment differ among professionals depending on what facets of maltreatment are salient to their field of work. For example, those working in the health care profession focus on physical symptoms, while those in the legal profession focus on aspects of parental behaviour that will secure a successful prosecution (Price-Robertson 2012). The definition used in this thesis is from the World Health Organisation, who define child maltreatment as:

‘All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.’ (Butchart et al. 2006, p59)

The under-reporting and under-recording of child maltreatment in the UK makes accurate estimations of prevalence difficult, however research studies indicate that figures are high with around 16-25 per cent of children in the UK suffering some form of maltreatment (May-Chahal and Cawson 2005, Radford et al. 2011). A study undertaken by May-Chahal and Cawson in 2005, for example, interviewed 2,869 young adults aged 18-24 and asked about their experiences of maltreatment while under the age of 16 years. The study found that maltreatment (both intra and extra familial) was experienced by 16 per cent of the sample; seven per cent of participants had experienced physical abuse, six per cent had experienced emotional abuse, six per cent experienced absence of care, five per cent experienced absence of supervision, and 11 per cent reported sexual abuse involving contact. A more recent

study by Radford et al (2011) also found a significant number of children (24.5 per cent) experiencing maltreatment in the UK. Her findings revealed that 1.1 per cent of children under the age of 11 years and 3.7 per cent of children age 11-17 years, had experienced 'severe maltreatment' (as determined by child protection practice) from a parent or guardian in their childhood *and* also reported maltreatment by a parent or guardian within the past year' (p10). Data from these studies reveal that children are most at risk in the home for physical and emotional abuse and neglect. However, the full extent of the problem is difficult to determine, with often only the most severe cases being detected and recorded. Officially recorded figures give us some indication of the overall extent of maltreatment, however caution must be exercised when viewing these as many cases do not come to the attention of child welfare agencies. Official figures must thus be viewed as only the tip of the iceberg (WHO 2012). For example, as of March 2013, there were around 68,110 children being looked after by local authorities in England, 62 per cent of these as a result of child abuse or neglect (Department for Education 2014). As of March 2011, around 42,330 children were the subject of a Child Protection Plan for neglect or abuse in England (Department for Education 2011). Children under the age of five years are at highest risk of homicide. In 2012/13 there were 67 homicide victims aged under 16 years. The majority (60 per cent) of these victims were killed by a parent or step-parent (ONS 2014). Recently, The Child Maltreatment Bill 2013-14 was presented to Parliament through the ballot procedure on 19 June 2013. This Bill proposes a new offence which states that a person with responsibility for a child and who intentionally or recklessly subjects that child or allows him or her to be subjected to maltreatment (whether by act or omission) and that child suffers or is likely to suffer significant harm can be prosecuted. Maltreatment includes neglect, physical abuse, sexual abuse, exploitation and emotional abuse. Harm means impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development. The Bill had its First Reading in June 2013 but has made no further progress to date. The following sections outline the different subtypes of child maltreatment taking into account their definitions, and placing each in a law, policy and research context.

### **2.5.1 Neglect**

As many as 1.5 million children in the UK are believed to suffer from neglect, and it is the most common initial reason that children are placed on a child protection register or made subject to a child protection plan (Derbyshire and Dobbin 2013). Neglect

refers to the failure by a parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and wellbeing (Broadbent and Bentley 1997, WHO 2006). Neglect can be divided into four different sub-categories:

1. Physical neglect: a failure to provide basic physical necessities, safety, clean and adequate clothing, housing, food and health care.
2. Emotional neglect: a lack of warmth, nurturance, encouragement and support (note that emotional neglect is sometimes considered a form of emotional maltreatment, see section 2.6.2).
3. Educational neglect: a failure to provide appropriate educational opportunities.
4. Environmental neglect: a failure to ensure environmental safety, opportunities and resources. (Dubowitz et al. 2004).

Research has highlighted how children who experience neglect are more likely to develop mental health problems, have poor social and relationship skills and are vastly overrepresented in the criminal justice system (Hickley et al. 2007, Williams et al. 2012). In the UK, the current criminal offence of child neglect, as set out in section 1 of the Children and Young Persons Act 1933, states that any person aged 16 years or over, who has responsibility for a child under that age, commits an offence if he wilfully assaults, ill-treats, neglects, abandons or exposes that child (or causes or procures him to be so treated) in a manner likely to cause him unnecessary suffering or injury to health. In recent years however, it has been recognised that the eighty-year-old Act is outdated and calls have been made for it to be revised to reflect contemporary society. The charity organisation, Action for Children, launched a campaign in 2012 calling for reform of the 1933 Act. The charity has argued that the section 1 offence focuses on punishing parents rather than on educating or assisting them. It said:

‘It is time to challenge the assumption that the seriousness of child neglect makes imprisonment the necessary and preferred option, and to explore alternative sentencing options that are designed to challenge and support parents and help prevent further neglect.’ (Derbyshire and Dobbin 2013, p18)

While the government intend to clarify the 1933 Act in order to help protect the most vulnerable children, no amendments have taken place to-date (Derbyshire and Dobbin 2013). Other progressive developments however, have included early intervention strategies to address problems of neglect, strengthening social work practice,

appointing a Chief Social Worker, and a revised training and guidance document entitled 'Childhood neglect: Improving outcomes for children' (Department for Education 2011).

### **2.5.2 Emotional Abuse**

It is worth noting at this point that some researchers classify emotionally neglectful behavior such as rejecting or ignoring a child as a form of neglect. There is certainly common conceptual ground between some types of emotional abuse and some types of neglect, serving to illustrate that the different maltreatment subtypes are not always neatly demarcated. The term 'emotional abuse' is often used interchangeably with the terms 'psychological violence', 'emotional maltreatment,' 'emotional neglect', and 'verbal abuse.' It describes a repeated pattern of adult-to-child behaviour (usually a parent) that makes the child feel 'worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs' (Chamberland et al. 2012, p.201). Emotional abuse can encompass a parent or caregiver's inappropriate verbal or symbolic acts toward a child and/or a pattern of failure over time to provide a child with adequate non-physical nurture and emotional availability. Such acts of commission or omission have a high probability of damaging a child's self-esteem or social competence (Garbarino et al. 1986, WHO 2006). Garbarino et al. (1986) suggest the emotional abuse of children takes five main behavioural forms:

1. Rejecting: refusing to acknowledge a child's worth and the legitimacy of a child's needs;
2. Isolating: cutting a child off from normal social experiences, preventing a child from forming friendships, making the child believe that he or she is alone in the world;
3. Terrorizing: verbally assaulting a child, creating a climate of fear, bullying and frightening a child, making a child believe that the world is capricious and hostile;
4. Ignoring: depriving a child of essential stimulation and responsiveness, stifling emotional growth and intellectual development;
5. Corrupting: mis-socialising a child, stimulating the child to engage in destructive antisocial behaviour, reinforcing deviance, and making the child unfit for normal social experience (Garbarino 1986, p8).

Emotional abuse has recently been described as not only the most challenging form of child maltreatment, but also the most developmentally damaging for children and the

most prevalent (Hibbard et al 2012). A recent study by Spinazzola et al (2014) found emotional maltreatment to be more damaging to children than either sexual or physical abuse. In the USA, UK, Canada and Australia, it is estimated that approximately 10 per cent of children suffer from emotional abuse, and in some east European countries (Macedonia, Latvia, Lithuania and Moldova) figures rise to between 12.5-33.3 per cent (Gilbert et al. 2009). Covell and Howe (2012) however, argue that because emotional abuse does not occur in isolation from other forms of child abuse, 'reported rates largely underestimate the true prevalence' (p2).

In the UK, the emotional abuse of children is recognised in policy and is defined as:

'The persistent maltreatment of a child such as to cause severe and persistent effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved or inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature unrealistic expectations being imposed on a child that are beyond a child's developmental capability or overprotection of the child and limitation of exploration and learning or preventing the child participating in normal social interaction. *It may involve seeing or hearing the ill treatment of another.* It may involve serious bullying (including cyber bullying) causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child or may occur alone.'

(HM Government 2010, p38-39)

As noted previously, however, there is no specific law at present that criminalises the emotional abuse of children. In an assessment of the criminal law in forty-one jurisdictions internationally, England and Wales were found to be one of only two jurisdictions that do not criminalise the emotional maltreatment of children (Copperthwaite 2013).

While the UK government has taken some steps forward by changing the guidance for prosecutors in cases of domestic abuse for young people over 16 years, and has recognised the issue of emotional abuse in the 2013 cross government definition of domestic violence (see section 1.4. Chapter 1), a major question remains: If

prosecutors are encouraged to recognise the impact of emotional harm on young people over 16 years, why are they not encouraged to respond to the emotional harm of those aged under 16? It is hoped that reform of the criminal law on child neglect and the introduction of the Serious Crime Bill may help clarify and expand the meaning of child maltreatment as a crime and encompass the complicated domain of emotional maltreatment.

### **2.5.3 Physical abuse**

The physical abuse of a child involves physical aggression directed at a child by an adult. Bruises, scratches, burns, broken bones, lacerations, as well as repeated 'mishaps' and rough treatment that could cause physical injury, can be physical abuse (Theoklitou et al. 2012). A parent does not have to intend to physically harm their child to have physically abused them, for example punishment that results in bruising would generally be considered physical abuse. Physical abuse can manifest in many forms and the distinction between child discipline and abuse is often poorly defined. While corporal punishment in schools was outlawed in 1987 in the UK, section 58 of the Children Act 2004 left the door open for parents to smack their child where this amounts to 'reasonable punishment'. This is defined by whether or not a mark was left on the child and whether the parent used an implement to exert their discipline. A UN joint committee on human rights however 'remains concerned' that corporal punishment in the home is not fully outlawed and that smacking children as 'reasonable punishment' could be used as a legal defence by parents against accusations of assault if it can be classed as reasonable punishment (United Nations 2015). The committee have accused the UK government of failing to meet the obligations it made by signing the UN Convention on the Rights of the Child, stating it 'deeply regretted' the UK's stance, which contravenes principles on the rights of the child (United Nations 2002).

Estimating the extent of physical punishment in the UK is problematic given it is a subject on which the perpetrators may well falsify their practice (even to themselves) and the victims are often too young to provide an accurate account. UK research studies have shown that physical abuse in the form of 'discipline' is widespread. Infants are at greatest risk of physical abuse with 91 per cent of infants one year and under being smacked at least once a week (Nobes and Smith 2000). A further study by Ghate et al. (2003) found 88 per cent of parents self-reported using physical abuse

during the child's lifetime. Radford et al.'s (2009) survey backs up the picture that there is widespread severe physical punishment and mistreatment of children in the UK. The study found that one in four young people aged 18-24 years had experienced severe maltreatment in childhood. It is clear from this that a significant number of children in the UK experience physical abuse, many more than come to the attention of welfare agencies.

#### **2.5.4 Sexual abuse**

Unlike other maltreatment types, defining sexual abuse is a complicated task. While some behaviours are considered sexually abusive by almost everyone (e.g. the rape of a child by a parent), other behaviours are much more equivocal (e.g. consensual sex between a 19-year-old and a 15-year-old). Broadbent and Bentley (1997) define child sexual abuse as:

‘any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards.’ (p14)

Official statistics for England and Wales suggest that in 2012/13, there were 18,915 sexual crimes against children under 16 recorded. Included in that figure were 4,171 offences of sexual assault on a female child under 13 years and 1,267 offences of sexual assault on male children under 13 years.

The fear and shame associated with disclosure can silence many victims from reporting sexual offences to authorities. Our best estimates are thus derived from research studies. For example, a study by Radford et al (2011) found that one in 20 children (4.8 per cent) aged 11 to 17 have experienced contact sexual abuse. The rate was found to be higher among girls (7 per cent) than boys (2.6 per cent), with over 90 per cent of participants abused by someone they know. In a study of child protection records Farmer and Pollock (1998) found that children were sexually abused by biological fathers in 16 per cent of cases and by step fathers in 14 per cent of cases and by other perpetrators in the remainder of cases. Radford et al's (1999) study found that 14 per cent of those children who were sexually abused were abused by their biological fathers. The sexual abuse included making children watch pornography as well as direct sexual touching and penetration. There are particular



difficulties for children in disclosing sexual abuse perpetrated by their father (or father figure) in the context of domestic violence. Fear of the perpetrator carrying out threats to harm other family members or pets, or not being believed (McGee 2000). In the case of very young children, not having the language skills to communicate about the abuse or not understanding that the actions of the perpetrator are abusive, particularly if the sexual abuse is made into a game.

### **2.5.5 Domestic violence as a fifth subtype of child maltreatment**

The final definitional issue to be considered is concerned with why children who experience domestic violence can be considered victims of child maltreatment. While it is not a difficult case to make, and indeed some commentators do include experiencing domestic violence as a form of child maltreatment (James 1994, Higgins 2004), there appears to be no firm consensus that these children represent the fifth type of child maltreatment, along with neglect, physical, emotional and sexual (Holden 2003). It has been well documented that children can be severely traumatised by experiencing domestic violence. Research reveals that one or more elements of child maltreatment subtypes happen in up to 60 per cent of reported cases of domestic violence, and that the severity of the violence against the mother is predictive of the severity of the abuse to the child (Bowker et al. 1988, Hester and Pearson 1998, Brown et al. 2000). Research also suggests that it is fathers who are the main perpetrators of child abuse (Stark and Flitcraft 1988). They tend to use more severe violence more frequently (Giles-Sims 1985) and a stricter disciplinary style in comparison with mothers (Jouriles and Norwood 1995). In effect, all domestically violent fathers can be defined, at the very least, as maltreating their children by being responsible for the children's exposure to domestic violence and its various negative emotional, cognitive and behavioural derivations (Peled 2000 p28).

## **2.6 The chronological impact of domestic violence on children**

There is now a slowly emerging literature on the effects of experiencing violence on children's social and emotional development. These studies represent efforts to document the effects that domestic violence has on children's behaviour, their cognitive and social problem-solving abilities, as well as their coping and emotional functioning. Children of any age can be affected by domestic violence and age *can* be

a factor when delineating some of the differences that can occur in the father-child relationship, the child's behaviour, and in the level of social and emotional problems. Additional factors can also influence the impact of domestic violence, for example, the nature of the domestic violence experienced by the child, the gender of the child, and whether child physical or sexual abuse is also present (Cunningham and Baker 2004). A discussion of this literature in the following sections will consider some of the age related impacts of domestic violence on children from pre-birth to adolescence.

### **2.6.1 Pre-birth**

One of the most important times in a child's development is during the 40 week gestation period, and it has been well documented in both the sociological and medical literature that both mothers-to-be and the developing foetus thrive under conditions of low stress and good nutrition (Dole et al. 2003, NICE 2008). Studies concerning parents' relationships with the unborn baby during pregnancy have mainly focused on the experiences of mothers and attachment i.e. representations of the unborn child, and behaviours, attitudes, thoughts and feelings that demonstrate care and commitment toward the foetus (Van den Bergh and Simons 2009). There is a lack of knowledge however regarding the relationship that fathers form with their unborn babies during pregnancy, even though this, like for mothers, may also have important implications for the father-infant relationship once the child is born. A recent study undertaken by Vreeswijk et al. (2014) examined paternal feelings of attachment towards the unborn child. Results greatly differed between men and women suggesting an emotional distance from the unborn baby during pregnancy in men compared with women. They found that fathers who reported more symptoms of depression or anxiety generally had a poorer quality of attachment toward the foetus.

The initial negative impacts on the child often commence when fathers perpetrate domestic violence on their pregnant partner, posing considerable risks to the unborn child as well as the mother. Research suggests that between 15 and 30 per cent of mothers-to-be experience domestic violence (including physical and sexual abuse) during pregnancy (McWilliam and McKiernan 1993, Coid 2000), with teenage mothers and their unborn children at particular risk (Quinlivan and Evans 2001). Studies have shown that, overall, pregnant women are at greater risk of domestic violence than non-pregnant women (Gelles 1988, Burch and Gallup 2004) and that this is often compounded with risk factors emanating from status disparities and incompatibilities

with the unborn child's father. These risk factors include women's age (Wilson and Daly 1992, Wilson et al. 1995, Daly and Wilson 1988), women who are more highly educated than their partner (Kaukinen 2004) and the use of drugs and alcohol by the father to be (Vellman 1993, Coleman and Cassell 1995, Lambert and Firestone 2000). Studies on the true prevalence of domestic violence during pregnancy however, are severely limited by reliance on self-reports of pregnant women (who may be loath to disclose such sensitive information) and the absence of injury outcomes.

While information on the effects of fathers' domestic violence on the unborn child is limited, studies have shown that adverse outcomes can occur through both direct and indirect mechanisms. Obvious direct mechanisms include punches or kicks to the abdomen or back, damaging the unborn foetus or mother. This is borne out in research that suggests there is a direct correlation between adverse perinatal outcomes and assault due to domestic violence. These outcomes can include miscarriage, stillbirth, premature birth, low birth weight, foetal brain injury and fractures, placental separation, and rupture of the mothers' spleen, liver or uterus (Mezey and Bewley 1997, Andrews and Brown 1988, Coid 1999, Lipskey et al. 2003). There appears to be a gap in the domestic violence literature however, that examines the relationship between a child's physical disability and domestic violence. Disabled children appear to be over-represented in UK refuges compared to the general population. A national survey by Hague et al (1996) found that a quarter of refuges had a disabled child resident, pointing to the need for further exploration in this area.

A further indirect factor that may compromise the health of the developing foetus is the use of substances such as drugs, alcohol or cigarettes by the mother to be. It has been well documented in the literature that women, particularly young women (Quinlivan and Evans 2001) who experience domestic violence, tend to use substances as a coping mechanism (Campbell 2001, Kaysen et al. 2007) and there is little dispute within the medical literature that excessive maternal drinking, smoking or drug use negatively affects the unborn child (Rosett 1980, Avis 1993, Juliana and Goodman 1997).

### **2.6.2 Infancy**

Forty years ago, Schaffer and Emerson (1964) provided evidence that the concept of exclusivity of infant-mother attachment did not reflect the reality of infants in families.

Their ground breaking work relied on maternal reports stating that by 18 months of age 75 per cent of infants protested separation from their father. However, despite the prevalence of post pregnancy violence (see Gielen et al. 1994, Stewart 1994, Martin et al. 2001, Humphreys et al. 2000) there have been few empirical studies that address how the impact of domestic violence impacts on the process of father-child attachment. Bowlby (2008) suggests that negative influences on a child's attachment development can have profound implications for secure attachment. He states:

‘Young children who are frightened, whether by parents who are abusive, neglectful or violent, or by being separated from their attachment figures for an inappropriate amount of time can become insecurely attached.’ (p118)

Findings from a study by Zeanah et al. (1999), reveal that babies as young as six weeks old show clear disturbances in response to their father's violence, and research by Bogat et al. (2006) found that 44 per cent of babies experiencing domestic violence showed at least one trauma symptom. Similarly, McIntosh et al. (2008) suggests that domestic violence, when witnessed at a young age, is held in the child's non-declarative memory and can be expressed in fragmented form throughout the child's life. Studies have shown that the impact of domestic violence on very young children (birth to four years) can be many and varied (Cunningham and Baker 2004) with early and prolonged exposure causing more severe problems (Holt et al. 2008).

A study by McGee (2000) found that 52 per cent of children who had experienced their fathers' domestic violence towards their mother had also suffered direct physical violence from their father. Similarly, Radford et al.'s (1999) study of 129 child contact cases found frequent physical violence perpetrated on very young children when on contact visits with their father. In its most severe form, fathers' physical violence can result in the death of very young children. Babies under the age of 12 months have the highest homicide rates of any age group in England and Wales with a rate of 27 per million compared to 12 per million in the general population (Home Office, 2009/2010). The killing of baby Peter Connelly in (2007), in circumstances of domestic violence, has seen the number of referrals, assessments and child protection plans growing at an unprecedented rate (Radford et al. 2011). It needs to be highlighted however, that studies in the area of domestic violence on very young children are speculative and show only associations between variables, not cause-effect relationships. A major cause for concern regarding very young children

experiencing domestic violence is the risk of serious and permanent injury that can occur. Domestic violence is one of the most common social risk factors for non-accidental head injuries in babies. Minns (2004) suggests that over one fifth of very young children who present at accident and emergency departments with head injuries die of their injuries and half are left with neurological injury. These children are often left with learning difficulties, motor disability, blindness, epilepsy and behaviour problems, as well as long-term emotional damage (ibid).

The distress of experiencing domestic violence can manifest itself behaviourally on young children, for example in excessive irritability (Lundy and Grossman, 2005), problems with eating and sleeping (Carlson 2000, Lundy and Grossman 2005), developmental delays (Osofsky 1999, Sudermann and Jaffe 1999) or neuro-developmental adaptations that could lead to violent behaviour as they grow older (Baker and Cunningham 2004). Studies by Davidson (1978), Allessi and Hearn (1984) and Jaffe, Wolfe and Wilson (1990), have all shown that the impact of domestic violence on very young children is often characterised by poor health, poor sleeping habits and excessive screaming. Support services specifically for babies and very young children experiencing their fathers' domestic violence are rare. As Osofsky and Dickson (2000) contend however, if a child is old enough to be affected by domestic violence, then they are old enough to be helped and supported.

### **2.6.3 Pre-school**

A number of studies have shown that toddlers with involved, caring fathers have better educational outcomes as well as better linguistic and cognitive capacities with higher levels of academic readiness when they start school (Pruet 2000). Pre-school children are also, by this age, beginning to develop basic attempts to relate causes to emotional expressions (Pfouts et al. 1982). Research studies on pre-school children however, have suggested that children in this age group are more affected by experiencing domestic violence than any other age group of children (Pfouts et al. 1982, Allessi and Hearn 1984). A study by Hughes (1988) compared abused mothers' reports of their children's behaviours and found that pre-school children displayed more behavioural problems than children who are of school age. Problems include severe shyness, anxiety, low self-esteem and fearfulness (Horner 2005) and social problems such as hitting, biting or being argumentative (Cummings and Davis 1985, Martin 2002). While most of these studies used the Child Behaviour Check List

(CBCL), this has been highly criticised as a measure employed to collect data on the impact of domestic violence on children and has resulted in highlighting mothers' problems rather than the violence perpetrated by fathers that created them (Edleson 1999). Edleson (1999) describes it as a 'rough gauge of general functioning' and McIntosh (2002) suggests that it is not designed to be employed in diverse cultural and socio-economic populations. Despite the limitations and methodological concerns of research on pre-school children exposed to domestic violence, these studies belie the commonly held belief that pre-school children are too young to notice domestic violence, and that domestic violence has little impact on such young children. This is a misconception held by professionals (Osofsky and Dickson 2000) and parents alike. Pre-schoolers, sandwiched between the health visitor and school nursery system, are often invisible in the community, and opportunities to pick up on trauma related symptoms are scarce.

#### **2.6.4 School age**

When children reach school age they often have an increased emotional awareness of themselves and others, and have usually developed a more sophisticated understanding of the pre-cursors, motives and consequences of the violence they are exposed to (Mullender and Morley 1994). Now that they can assess cause and effect, they often try to understand the reasons for violence (Edleson 1999). Research has suggested that many children experiencing domestic violence will often absorb much of the guilt and blame themselves, leading to cognitive distortions that contribute to emotional problems (Jouriles et al. 2000, Grych et al. 2003). Jouriles et al. (2000) suggest that self-blame mostly occurs when the mother is penalised through violence for the child's misbehaviour. Some studies have suggested that self-blame is particularly prevalent in children when domestic violence is precipitated by arguments regarding child rearing (see Covell and Abramovitch 1987, Straus and Gelles 1990). Children of this age are also able to appreciate the emotional upset and fear of others and often worry about the safety of their mother (Mullender and Morley 1994, Saunders et al. 1995). Few studies however have explored children's perceptions of their violent father. Pleck and Masciadelli (2004) have suggested that the quality of a father's relationship with their children is more vulnerable than a mother's, to the negative effects of conflict between partners. And lower marital quality is more consistently associated with negativity by fathers to children than negativity by mothers. Peled (1998) on the other hand, in qualitative interviews with children, found

that a conflict of loyalties is often experienced. Many children in the study spoke of feeling empathy for the mother, yet 'siding' with the person who has power and control in the family because it is the most attractive option. Children's relationships with their domestically violent fathers can thus be confusing with children expressing both affection for their fathers and resentment, pain and disappointment over his violent behaviour.

Scant attention has been paid to the way fathers use coercive control on family members as a form of domestic violence. Gelles (1987) and McGee (1997) for example, highlight how women's freedom of movement is often restricted as a form of domestic violence. These restrictions can also be imposed on the child, however, there is little research that reveals the implication of this on children and how it affects their social development. Studies have revealed the wide ranging effects that exposure to domestic violence can have on children of school age. Several studies report that of all age groups, school-age children tend to understand more about the domestic violence, are angrier, and are less trusting of others (Hughes et al. 1989, Mathias et al., 1995). Sleeping patterns can become disrupted for the child (Leavit and Fox 1993, Perry 1997, Humphreys et al. 2009), and problems with schooling can occur (Chicchetti and Toth 1995, Egeland 1997, Horner 2005). By the time children reach school age, problems in mental health can become evident. Several studies have found that post-traumatic stress disorder (PTSD) can occur in children who have witnessed domestic violence (Bell and Jenkins 1991, Martinez and Richters 1993, Osofsky and Fenichel 1993, Kilpatrick and Williams 1997, 1998, Rohini et al. 2009, WHO 2009). Rohini et al. (2009), for example, using both qualitative and quantitative research methods to examine the association between exposure to domestic violence PTSD among school age children, found that there was a significant association between witnessing domestic violence and displaying symptoms of PTSD, as opposed to witnessing a crime, being the victim of a crime, or witnessing an accident or disaster.

An emergent pattern within the literature suggests that systematic differences between boys and girls can also become more pronounced when children are of school age. There is evidence to suggest that boys exhibit externalised problems more frequently such as hostility and aggression and girls more internalising behaviour such as depression and somatic complaints (Rosenberg 1986, Edleson 1999, Martin 2002). Examining the relationship between gender, depression and self-esteem in children

age 5-11 years, Reynolds et al (2001) found that boys display a greater number of depressive symptoms and lower self-esteem than girls, and Kerig et al. (2000) found that boys exhibit problems more frequently than girls.

Although it is clear that children's exposure to domestic violence can have a wide-reaching impact on their development, each child's experience and response is unique and it is impossible to predict accurately how a child will react. Indeed, a study by Jaffe et al (1990) revealed that some children showed few negative symptoms of their exposure and some showed even higher social competence than children in the comparison group. There is little research to-date that focuses on how some children successfully cope with exposure to domestic violence. A few studies have revealed that children can use strategies such as mental or emotional disengagement, or seek support within or outside the family (Kaufman and Zigler 1987, Jaffe et al. 1990, Hooper 1994, Moore and Pepler 1998, Ornduff and Monahan 1999, McGee 2000), yet none have revealed what can be done to establish and enhance these strategies.

#### **2.6.5 Adolescence**

Unlike younger children, the adolescent who lives with domestic violence has a greater ability to verbalise his or her emotions; they are often active outside the home, can intervene in physical altercations and can be more emotionally able to confront the perpetrator (Hague et al. 1996, Goldblatt 2003). However, they can often display symptoms commonly seen in younger children exposed to domestic violence i.e. nightmares, eating problems, withdrawal, low self-esteem, anxiety and depression (Schwartz and Getter 1980, Hethrington and Anderson 1988). Some may engage in emotional disengagement which may be intensified with the help of alcohol or drugs (Gilvarry 2000). Few studies have examined whether significant differences exist between racial and ethnic groups on externalising or internalising behaviours. The exception to this can be found in two studies undertaken by O'Keefe (1994, 1996) who found no difference in a sample of high school students (14-19 years) from diverse racial backgrounds.

Some studies found that the gender of the young person who experiences domestic violence is a significant factor on the impact it may have on them. For example, research reveals that adolescent girls living with domestic violence are significantly more depressed than boys (Miller et al. 1991) and significantly more depressed and



aggressive than girls living in non-violent homes (Forsstrom-Cohen and Rosenbaum 1985). A more recent study has suggested that adolescents (both boys and girls) who witness domestic violence are at increased risk of developing major depressive symptoms than their peers (Hindin and Gultiano 2006). More than 1 in 10 male adolescents and 1 in 5 female adolescents said they had had suicidal thoughts in the four weeks prior to the survey. The World Health Organisation (2014) state that suicide accounts for more than one third of deaths amongst adolescents world-wide.

Researchers tracing the development of violent behaviour have found a link between teenage boys who have witnessed domestic violence and the risk of them perpetrating violence as they become adults. Some studies have suggested that the social learning processes (Bandura 1977) learned by young people exposed to domestic violence have become so entrenched that they find it difficult to engage in other ways of interacting. For example a study of 2,245 teenagers found that recent exposure to domestic violence was a significant factor in predicting violent behaviour (Hughes and Borad 1983, Singer et al. 1998), and Davis and Carlson (1987) state that girls growing up with domestic violence increases the likelihood of becoming abused themselves. However, the popular notion that young people who experience domestic violence will subsequently go on to become a victim or perpetrator engendering a 'cycle of abuse' is deterministic and ignores the many other factors that come into play, such as the child's inner resources, support available and whether the child identifies with the perpetrator. Many commentators have rebuked this theory over the years stating that not all children who have lived with domestic violence will repeat the experience in their adult life (Dobash and Dobash 1979, Rosenbaum and O'Leary 1981, Stark and Flitcraft 1988, Jaffe et al. 1990).

The plethora of literature on the impact of domestic violence on children pre-birth to adolescence has increased our understanding of its impact. Moreover children's own accounts have decimated a number of myths, including the claim that their relationship with their father is usually unaffected by domestic violence (Harne 2011). Research that specifically seeks children's perspectives has given us an insight into how domestic violence can engender fear and distress in children, affect behaviour, social and emotional development, attachments and cause cognitive and attitudinal problems. However, as Mullender et al. (2002) have argued, some children still living with violent fathers or having contact with them post separation may be unwilling to express their views because of the fear of what their father or other family member will

do. Therefore, much of the research in this area reflects the views of children no longer living with violent fathers.

## **2.7 Fathers' strategies of control**

It has been acknowledged for some time that violent fathers' strategies of coercive control frequently include the undermining of children's relationships with their mothers (Mullender et al. 2002, Jaffe et al. 2003, Humphreys et al. 2006, Radford and Hester 2006, Thiara et al. 2006, Stark 2007, Morris 2009). This body of research has found that domestically violent fathers can use a range of behaviours to maintain control and undermine the trust and emotional relationship between a mother and child. These behaviours include repeated physical and sexual violence against the mother in front of the children, the deliberate humiliation and degradation of women, and constant criticism regarding her parenting skills. This continued systematic alienation and separating of children from any alliance with their mother is what Morris (2009) has referred to as the process of 'maternal alienation', and is frequently used by perpetrators as a strategy of coercive control. However, it is this type of coercive behaviour which is often overlooked by professionals working on child protection issues. As Harne (2011) argues:

'Such behaviour can have a profound impact on some abused mothers own parenting, and this needs to be acknowledged as one of the outcomes of violent fathering as it has significant impacts for children themselves.' (p7)

In addition, researchers have revealed how this behaviour can create a 'conspiracy of silence' whereby mothers and their children rarely discuss the domestic violence and become distanced from each other during the process (Mullender et al. 2002). Studies also show that many women are aware that living with domestic violence can affect their ability to parent. They live with on-going anxiety and fear on a day-to-day basis, balancing the risk of violence to themselves and the protection of their children. For example, Mullender et al. (2002) and Radford and Hester (2006) have revealed how many women try to limit the activities of their children in order to prevent negative responses to them by the perpetrator.

## **2.8 Social work response**

There is now considerable research evidence to suggest that the impact of domestic violence on children can have a profound effect, and that this can differ depending on each child's experience, the severity, duration and frequency, the child's age, disability and ethnicity. The responsibility for safeguarding children from the impact of domestic violence is placed on a number of public agencies within the UK, (i.e. social services, education, police and health care services) however, the lead agency with responsibility for investigating cases is Children's Social Care Services.

In recent years, changes to legislation, research studies, and changes in social work policy and practice in the UK, has subsequently led to an increase in notifications to children's social care. The long awaited recognition however that children can be at significant risk whilst living with domestic violence has had negative consequences for women. Over the years, research on social work theory and practice in respect to domestic violence has highlighted the narrow understanding of, and response to, domestic violence by statutory child care services. It has been consistently noted how much of the 'parenting work' has tended to focus on the non-violent parent, (usually the mother) categorising her 'failure to protect' a child from witnessing domestic violence as a form of emotional harm (Holt 2003, Scourfield 2003, Hogan and O'Reilly 2007, Irwin and Waugh 2007). The extent of cases that consider mothers responsible for the protection of their children is high. Research by Farmer and Owen (1995) found that 60 per cent of case conference files deemed the non-violent mother as responsible for the protection of children compared to 19 per cent of cases that considered the violent father responsible.

### **2.8.1 Mother blaming**

The failure of Children's Social Care Services to understand the dynamics of domestic violence is central to the issue of mother-blaming. Women are advised to either leave, or file an injunction to get the perpetrator out of the family home. The assumption being that once the perpetrator has left, or the mother and her children leave, then the family will be safe. However, there are numerous difficulties involved for women to leave a violent partner. A common strategy used by perpetrators is to undermine the mother's parenting skills and to threaten her with the loss of custody of the children if she leaves. If a woman does leave with the children it has been well documented that

this is often the most dangerous time with violence escalating at this point (Kelly 1999, Walby and Allen 2004). The practice of blaming the non-violent parent, themselves at significant risk, rather than tackling the abuser has been increasingly criticised. Edleson (1999), for example, talks of being puzzled at the expectation that children and mothers can be safe when the perpetrator of the violence does not receive any form of social work intervention. Stanley (1997) notes that even when the perpetrator is present in child protection cases they tend to be ignored and the focus remains on the mother. Women thus fear that if they cannot protect her children, social work intervention will entail her children's removal into care (McGee 2000, Stanley et al. 2010). There is no evidence to suggest however, that removing children from the care of a non-abusive parent benefits the child (Ewen 2007), and attempts have been made to move away from blaming mothers for their 'failure to protect.' Policy directives in favour of support for the non-violent parent have stated that the '*Protection and empowerment of non-abusing women is effective child protection*' (Ball 1995, p5). However, mother-blaming is still found to be commonplace particularly amongst welfare practitioners and those working within the legal system (Radford and Hester 2006). Research by Scourfield (2006) suggests that mother-blaming is underpinned by a gendered organisational culture in child protection social work in which men are consistently 'screened out' whilst women are increasingly scrutinised. He found that in the case of the initial assessment team, workers were found to be less likely than their colleagues in safeguarding teams to engage with male perpetrators. Reasons cited include concerns about staff safety, the difficulties associated with speaking to men within the seven days in which the initial assessment needs to be completed, the extent of their involvement with the children and also a lack of services available to refer men. Social workers thus tend to focus most of their attention on the detection and rehabilitation of 'risky' mothering (Krane 2003) while fathers are rarely targeted for intervention (see Radford and Hester 2006, Stanley et al. 2010) despite the fact that they are often central to the lives of children.

### **2.8.2 Domestically violent fathers and child contact**

Evidence to-date demonstrates that using violence against a partner impacts negatively on men's ability to parent their children (Harne 2003). There remains however, an enduring distinction in legal and social work thinking between 'violent men' and 'good fathers' (Hester and Harne 1996) particularly when parents separate and there are disputes over child contact.

Around one in ten parental separations reach the family courts in England and Wales as a means of settling disputes over the residence of, and contact with, children (Office for National Statistics 2008). One of the most common welfare issues raised in these proceedings is domestic violence (Hunt and Macleod 2008). The Children Act 1989 marked a watershed on the issue of involving fathers in children's lives after separation and divorce. A fundamental principle of the legislation being that the welfare of the child should be paramount. It redefined parental responsibility giving legal sanction to shared parenting and although there is no statutory presumption of contact, there is a clear pro-contact stance implicit within the legislation, which favours contact with both parents. This reflects the belief that a positive sense of identity is promoted within the child by maintaining contact with a non-resident parent, usually the father. The strong presumption of contact in discourses around families and non-resident fathers has since appeared in many social policy and welfare initiatives in England and Wales (Trinder et al. 2006). Subsequently, a critical dimension was added to the debate; the displaced consideration of women and children's safety in cases where there has been a history of domestic violence. Concerns were raised regarding how the courts respond to children having contact with fathers who have abused their mothers, with specialist women's support services highlighting the problem of assuming that the relationship between a child and abusive parent is unaffected by violence (i.e. Radford et al. 1997, Mullender et al. 2002, Thiara and Gill 2012). The promotion of separated domestically violent fathers having an on-going relationship with their children has led to a confluence of studies that explicitly explore men's capacity to parent post-separation. These studies have consistently identified a number of themes in the behaviour of fathers in the aftermath of domestic violence. For example, research by Radford et al. (1997), Harrison (2008), Thiara (2010) and Thiara and Gill (2012) found that a father's initiation of contact proceedings is often a means to continue the harassment and control over his ex-partner and children. Given this evidence, Thiara (2010) questions the extent to which perpetrators are genuinely interested in a relationship with their children when they often fail to attend meetings with them after rigorously pursuing contact through the family court. Studies by Edleson et al (2003), Harne (2003), and Thiara and Gill (2012), found that domestically violent fathers will often use contact visits as a route to continue their manipulation of children – probing for details of their mother's activities and new relationships, making negative comments about their mother, and asking them to repeat abusive messages.

The handover of children is particularly dangerous and a time when women and children are at further risk of violence, harassment and threats (Hester and Radford, 1996, Radford et al. 1997, Thiara 2010). A study by Hester and Radford (1996) found that almost all the women participants had experienced further violence during handover of children. This included verbal abuse, rape, knife attacks and threats to kill. Erikson and Hester (2001) have argued that the construction of fathers as non-violent in the context of separation has potentially dangerous consequences for the safety of women, children and children's welfare. As illustrated earlier in this chapter, the impact of domestic violence on children can be traumatic. Children exposed to violence *after* separation however, may be the most distressed in the population (Johnston et al. 1989, Buchannan et al. 2001). A longitudinal study by Radford et al. (1999) found that 75 per cent of the sample of children, forced to have unsupervised contact with a domestically violent father, suffered further abuse. Moreover, a recent study by Thiara and Gill (2012) found women's fears for their own safety, and that of their children, have little impact on court outcomes. This highlights that judicial decisions regarding contact often fail to take safety into account, effectively leaving women and children at risk of post separation violence. Other studies have found that the wishes of children are considered selectively i.e. only taken into account if they say they want contact but disregarded if they do not (Mullender et al. 2002, Holt 2011). It is clear that despite the concerns of those working within domestic violence services and the non-statutory guidance available on child contact with violent men, the risk of post separation violence has largely been ignored by family court advisors, judges and lawyers (Family Justice Council 2006). A study by Barron (2005) found that in 2003, only 601 out of 67,184 contact applications (less than one per cent) were refused. Despite section 120 of the Adoption and Children Act 2002 stating that the courts must have regard to the impairment suffered from seeing or hearing the ill-treatment of another, the practice of awarding contact to violent fathers continues (Harne and Radford 2008).

### **2.8.3 Concept of 'three planets'**

Accepting that there is a relationship between domestic violence, child abuse and child contact after separation and divorce appears to have been difficult for child protection workers and the courts. One of the main obstacles stems from legislation and policy that has divided each area into distinct and unrelated areas of enquiry. Hester (2006b) has provided a useful framework for understanding the different and contradictory

assumptions and approaches taken by practitioners when working with issues of domestic violence, child protection and child contact. Erikson and Hester (2001) succinctly refer to this as 'childcare on different planets.' For example, on the 'domestic violence planet' women and children's safety is prioritised and abusive men are held accountable for their actions. The focus is thus firmly placed on the perpetrator who is subsequently removed by the police while the mother is supported by domestic violence support services. Child protection is underpinned by an approach that focuses on the child and not the adult. In cases that involve domestic violence, 'planet child protection' approach, familiar to social work practice, insists that the mother leave the relationship. If she fails to do this the children may be removed into the care of the local authority. A further approach is that taken by professionals working in private law, i.e. court and legal services who postulate that families should continue to be families regardless of any separation and divorce that ensues as a result of domestic violence. On 'planet child contact', the emphasis is on 'good enough fathering', accompanied by pressure on women to ensure access to, and contact with, children (Hester 2004, 2011). Women engaged in contact disputes with abusive ex-partners are required to be 'good' mothers who protect their child(ren), yet who do not shut fathers out (Erikson 2009, see also Radford et al. 1997). In recent years, the notion of 'implacably hostile' mothers also flourishes, both in the courts and militant men's rights organisations. Hunt and Roberts (2004) however, state that the courts may be too ready to brand women who are experiencing domestic violence as 'implacably hostile' when they have a valid reason to contest contact (Hunt and Roberts 2004).

The contradictory discourses between child contact, domestic violence policies and child protection however collide when women become engaged in child contact disputes with abusive ex-partners. The issue has been recognised in a government report by the House of Commons Education Committee (2012/13). Evidence from the research highlights the conflicting messages sent by the courts regarding the safety of children and of women. One voluntary sector worker with experience of specialised forms of abuse stated:

'Unfortunately they are not very well co-ordinated. We know that domestic violence is present in two thirds of all serious case reviews into child deaths or serious injury, and we know of children who are killed or seriously abused during contact visits [...] often a woman will leave for the sake of protecting her

children, and then she is put in the impossible position where the courts are saying, "But the children must have contact with this man who is too dangerous to live with". What kind of message is that giving her?' (para 70, p29)

The presumption that contact is always in the best interests of the child, combined with an increasing focus on fathers' rights, casts long shadows over legal judgements, policy frameworks and individual cases. The lack of concern for children's safety has had fatal consequences. The details of twenty-nine children from thirteen families who were killed between 1994 and 2004 revealed that five of these occurred as a result of contact (and in one case residence) arrangements in England and Wales. Domestic violence was acknowledged as an issue by the court in eleven out of the thirteen families, and in one of the two remaining cases the mother had spoken out about her concerns regarding her ex-partner's obsessively controlling behaviour. A report by Lord Justice Wall in response to the concerns of Women's Aid regarding children's contact with violent fathers stated that:

'It is in my view high time that the Family Justice system abandoned any reliance on the proposition that a man can have a history of violence to the mother of his children, but, nonetheless, be a good father.' (Wall 2006, p66)

The lack of concern given to mother's fears regarding their ex-partners' violence and child safety was also found in more recent research by Trinder et al. (2006) who suggests that many mothers felt the issue of domestic violence had been ignored in court conciliation meetings. As Radford and Tsutsumi (2004) argue, women and children pay a high cost for the ideological objective of maintaining men in children's lives as they contend with the long term implications of domestic violence.

## **2.9 Cafcass**

In 2001, The Children and Family Court Advisory Service (Cafcass) was formed as part of the previous government's commitment to supporting families and children in England and Wales. It brought together the services previously provided by the Family Court Welfare Service, the ad Litem services and the children's divisions of the Official Solicitors Office. Their role is to safeguard and promote the interests of children in family court proceedings through adoption, care orders, emergency protection orders and residency and contact following divorce and separation. Within



all family court proceedings Cafcass has a key statutory responsibility to ensure that any children in the family are prioritised. This responsibility emanates from the principles set out in Article 12(2) of the 1989 United Nations Convention of the Rights of the Child, which emphasises the child's right to participate in any decision making affecting their welfare, and also in the Children Act 1989 which states that the child's welfare shall be the court's paramount consideration, thus directing the court to take into account the views, wishes and feelings of the child. However, while the Children Act 1989 has been described as one of the most radical and far reaching (Bainham 1990), the interpretation of its content has relied on the views of judges and judge-made case law (Harne and Radford 2008). The way the act is interpreted is extremely problematic in terms of children exposed to domestic violence. While it stipulates that the welfare of the child is paramount, it also makes it clear that this is best served by non-intervention in the family. On the one hand, children are seen as the responsibility of families who are entitled to autonomy and privacy, on the other hand it is accepted that the state has a duty to protect children from abuse and neglect within the family. The contradiction of this underlying philosophy has led to what Radford (2000) describes as a two steps forward, one step backward form of 'progress,' in terms of policy in the area of domestic violence, child protection and contact with violent fathers. For example, when a woman is forced to leave the perpetrator due to the expectation of social workers assigned to the case, the impact of post separation violence is compounded by Family Law policy that insists it is in the child's best interest that they have contact with a non-resident parent.

The number of cases that involve domestic violence in the family law process is extensive and estimated to be significant in around 90 per cent of cases (HMICA 2005). Typically, these cases involved a dispute between parents regarding the arrangements for a child's residence and contact and Cafcass have a responsibility to highlight the dangers of domestic violence at an early stage in the proceedings. This would ensure that the safety of the child and the resident parent is secured before, during and after contact visits. While it is the responsibility of Cafcass to elicit information about domestic violence and submit this to the court, there is a distinct pro contact philosophy based on the presumption that this serves the best interests of children. Cafcass officers have thus tended to focus more on agreement between parents, using in-court mediation schemes, rather than ascertaining the wishes of mothers and children (Harne 2011). The presumption of contact and the failure of the courts to take domestic violence seriously is contradictory to the safety of women and

children and is based on two assumptions. Firstly, that domestic violence ends after separation and that women will be safe once they have left the perpetrator. Secondly, that domestic violence only affects adults. Research, however, has found that domestic violence can intensify after separation often in a bid to coerce the victim into a reconciliation or to retaliate for their partner's perceived abandonment (Bernard et al. 1985, Dutton 1988, Saunders and Browne 1990, Kelly 1999). Indeed, studies have shown that women seek medical attention for injuries sustained as a consequence of domestic violence significantly more *after* separation than during cohabitation (Stark and Flitcraft 1988). Those working in the judicial contact field often differentiate between direct and indirect violence, underplaying the harm caused to children (Mullender et al. 2002). These assumptions can be particularly problematic when abuse is also perpetrated by the father onto the child.

### **2.9.1 Cafcass issues**

Many of the issues identified in research regarding the minimisation of domestic violence were also revealed in a report compiled by HM Inspectorate of Court Administration (HMICA). The report was particularly critical about the way Cafcass handled cases where domestic violence was an issue, and provided a detailed account of the numerous ways in which they had failed to ensure the safety of women and children. Findings from the study were based on lengthy discussions with 30 domestic violence survivors, 56 observed interviews conducted by Cafcass officers, and an audit of 67 private law reports in cases involving domestic violence. The report revealed that in all 56 Cafcass interviews with families affected by domestic violence, no formal risk assessment was carried out. It also described how many Cafcass practitioners tended to adopt a narrative approach when writing up reports for court, describing what each party said without giving it sufficient analysis, and that pressure was often placed on parents to reach a contact agreement. In essence, it found that the treatment of domestic violence cases by Cafcass practitioners was no different to cases where no violence was involved (HMICA 2005). The minimisation of domestic violence in making child contact arrangements is evidenced in interviews carried out with women survivors who stated that 'the presumption of contact' is evident throughout all the practice sessions with Cafcass, and that the views of women and children are rarely taken on board. This correlates with research undertaken by Saunders (2003) who revealed that only six per cent of refugees consider that children

who resist contact are taken seriously. The HMICA report subsequently found a catalogue of unsafe practices used by Cafcass officers. It states:

‘The perception of the presumption of contact in domestic violence cases is experienced by women as dangerous to themselves and their children. In the absence of systematic risk assessment, the Cafcass focus on agreement seeking [between parents] is out of balance because it does not pay proportionate attention to safety issues in domestic violence cases.’ (HMICA 2005, p19)

In a follow up report, in March 2007, it was found that significant training in dealing with domestic violence had been carried out with Cafcass staff (HMICA 2007). The National Domestic Violence Delivery Plan progress report, also released in 2007, stated that four of the recommendations had been fully met and the recommendation regarding providing families with information on the court procedure had been partially met. However, a report by Ofsted in 2008 noted some serious failings in relation to safeguarding children and inadequate case files, and an eConsultation by the House of Commons Select Committee on Home Affairs (sixth Report 2008) stated:

‘We [have] heard a great deal of fierce criticism of the Children and Family Court Advisory and Support Service (Cafcass), especially via our eConsultation. Whilst, from evidence supplied by Cafcass, the organisation appears to be making progress in dealing with domestic violence cases, it is clear that it has a very long way to go yet.’ (Para 296, p96)

To-date, the question remains as to whether the changes made by private family law policy and Cafcass, since the HMICA follow up report in 2007 and the OFSTED report in 2008, are sufficient enough to ensure that women and children’s safety are prominent considerations in contact proceedings. Legislative measures such as the Children and Adoption Act 2006 and practice directives have brought about some limited improvements (Harne 2011). Research by Thiara and Gill (2012) found that central to the shift in the Cafcass approach is the focus on safeguarding, which is viewed by staff as being at the core of their responses. The development of the domestic violence toolkit incorporates the new safeguarding framework, and gives shift from writing reports for the courts to include doing risk assessments and more directly assisting and monitoring contact. Thiara and Gill (2012) also found that a shift in

practice has occurred in terms of meeting partners separately rather than together, the re-definition of significant harm within the Children and Adoption Act 2006, a greater awareness about domestic violence resulting from an increase in training, and an on-going concern with safeguarding children. The researchers noted, however, that the new standardised approach was not yet popular among all staff, many of whom were resistant to their changing roles. A further barrier is the pro contact stance which has recently resurfaced in UK politics (Conservative Party, 2010), and the recent reductions in central Government funding for legal aid, which will, in effect, reduce the availability of legal aid for family law cases from April 2013.

Combined with cutbacks in family court welfare services (Cafcass), mothers and children are increasingly at risk (Harne 2011). Mothers are under further pressure to agree to arrangements for children to have contact with their father without going to court. Radford et al (2011) argue that due to recent government cuts, the focus is now firmly placed on making contact happen, either by 'agreement', with renewed emphasis on mediation or by finding more ways to enforce contact, rather than making contact safe.

## **2.10 A co-ordinated community response to domestic violence**

The structural challenge of working to protect both women and children in the context of domestic violence has been well documented (Hester 2011, Radford et al. 2011). In particular, the 'paramountcy of the child' within family court law and statutory child protection agencies has created a situation of conflict when there are two victims of domestic violence, one of whom is an adult (Humphreys and Stanley 2006). Since the statutory requirement in section 13 of the Children Act (2004), multi-agency working has become mainstream and, in effect, has gone some way in addressing the problematic separation of women and children in cases of domestic violence by ensuring coordinated protection.

The Multi-Agency Risk Assessment Conference (MARAC) was established in the early 2000s in the UK and was brought about as part of a co-ordinated community response to domestic violence. Radford et al. (2011) have argued that this resulted in a subtle shift in emphasis from 'exit' (i.e. a focus on persuading women to leave their abusers) to 'safety' (where a more co-ordinated approach is intended to provide support and to help them deal with post-separation violence). The MARAC thus brings together

various generic and specialist agencies such as police, children and adults services, health, mental health, probation, local authority housing departments, drug and alcohol services, Cafcass and specialist domestic violence service providers such as refuges and outreach projects, in order to share information about victims at risk of domestic violence and develop strategies for their safety. Cases are referred to the MARAC by a direct referral from a participating agency that has carried out a risk identification process using the Co-ordinated Action Against Domestic Abuse (CAADA) tool, known as the Domestic Abuse Stalking and Harassment (DASH) Risk Identification Checklist (RIC). The issues relating to children, such as conflict over child contact, pregnancy and perception of harm to children are key indicators of risk in the CAADA risk assessment process. Thus, a substantial number of victims who become 'MARAC cases' are women who have children.

Harne (2011) suggests that the risk identification and assessment processes on professionals' decision making practices in safeguarding children and their mothers is going some way in improving practice in the area of domestic violence. However, as she and others (Radford et al. 2006, Campbell 2007, Hoyle 2008) have argued, risk assessment can only serve as a guide for professionals and cannot substitute for a comprehensive understanding of the harm that children can experience from domestically violent fathers. Furthermore, the lack of information on the parenting of violent fathers gives cause for concern. Research findings on perpetrators point to a need for the parenting of violent fathers to form part of rigorous risk assessment, whether the perpetrator is still living with his children or caring for them following separation, and for appropriate policy and practice measures that ensure the safety of women and children (Radford et al. 2006, Thiara 2010).

## **2.11 Practice interventions with violent fathers**

In 1997, Steinberg reviewed the research literature on violent fathers and found that its content tended to be located in the context of family violence as a whole, rather than on domestically violent fathers per se. She noted a distinct lack of information on the issue of abusive men as parents; children's perceptions of living with violent fathers, and any scrutinisation of men and their perceptions of their violence towards mothers. In acknowledgment of this gap in research, Peled (2000) argued for the recognition of violent men as fathers and pointed to the relative lack of information regarding interventions for violent fathers. In recent years, the gap in policy and practice

between conceptions of fathers and their identity as perpetrators of domestic violence is beginning to close (Hester 2006b, Erikson 2009, Featherstone and Peckover 2007). Since the implementation of legislation, such as the Adoption and Children Act 2002, and a growth in understanding of the links between domestic violence and child protection there has been an increased emphasis on holding domestically violent fathers accountable. Subsequently there has been a recent growth in the provision of both generic parenting programmes and domestic violence perpetrator programmes (DVPPs) for abusive men. Both interventions can be viewed as responses to the priority given to safeguarding children and anti-social behaviour, albeit prompted by differing concerns and holding differing philosophies. In practice, however, there is considerable diversity in provision and providers.

### **2.11.1 Parenting programmes**

The strong emphasis on supporting families within the UK has been evidenced in recent years by legislation and policy such as the Children Act (2004), Every Child Matters (2003) and in the creation of a National Family and Parenting Institute. More recently this emphasis has been strengthened by the current government's pledge to turn around 120,000 'troubled families' by 2015 in an attempt to stem the breakdown of family discipline. Family Intervention Projects were developed to take a whole family approach to reducing anti-social behaviour, improving educational attendance, preventing homelessness and alleviating child poverty. The government's own evaluation of the Family Intervention Programme found that while domestic violence was a concern for at least a third of families involved at the start of the programme, there was a 57 per cent reduction in domestic violence on completion (Lloyd et al. 2011). However, concerns have been raised regarding the requirement of Family Intervention Programme workers to record domestic violence only where there is 'specific evidence' that domestic violence has occurred. The Family Interventions and Domestic Abuse (FIDA) Policy Group (2011) have argued that the requirement for specific evidence means that only certain forms of abuse are privileged, for example, physical violence (although even here there may not always be evidence), leaving victims who have experienced other forms of abuse (emotional, psychological, financial, sexual) to go unrecorded in prevalent rates. Furthermore, if assessments of two-parent families are completed with both partners present, the victim of domestic violence is unlikely to disclose her experiences of abuse. The true rate of prevalence has thus been seriously under-recorded.

Whilst not specifically developed for fathers who are domestic violence perpetrators, there are a few parenting programmes currently running in the UK that have incorporated the issue of domestic violence in their programme. An evaluation of the Nurturing Programme, for example, found that as a result of the programme two female participants left their violent relationships. This hints towards the success of such programmes in empowering mothers. Pathways Triple P, a programme that has been devised specifically for parents who are at risk of child maltreatment, employs active skills training techniques to help parents acquire new skills in managing their own emotions and behaviours along with those of their children (Triple P, undated). A Canadian initiative targeting fathers in particular, is called, 'Caring Dads' and is increasingly being offered in the UK as a stand-alone alternative to a DVPP (Respect, undated). The programme focuses on encouraging fathers to recognise and prioritise their children's needs for love, respect and autonomy. While the programme fills a valuable role in addressing child-centred fathering, the majority of men attending Caring Dads are also domestic violence perpetrators. Respect (undated) have argued that the programme has serious failings in that it fails to adequately address men's use of violence and should only be offered after men have completed a specialist DVPP. There is also a relative neglect within existing programmes that includes support for the mother/child relationship as well as the father/child relationship, in situations of domestic violence. The Jacuna Parenting Programme is one service that attempts to address this gap in provision. A recent pilot programme was recently developed and delivered in partnership between the Nia project and Domestic Violence Intervention Project (DVIP) to support parents affected by current and historic domestic violence. This programme offers separate interventions for men as perpetrators and support to women as victim-survivors, using individual and group work. Key findings from an evaluation undertaken by Coy et al (2011) found that the programme has the potential to meet the six indicators of success of perpetrator programmes and associated women's support services devised by Westmarland et al. (2010) (See chapter one section 1.10). Coy et al. (2011) found initial difficulties in terms of the perspectives of statutory child protection services who still tend to view the issue of domestic violence as a 'problem family' and questions of risk tend to be framed in terms of 'the family' organising itself to protect the children. In essence, a persistence of traditional child protection discourses that make 'mothers responsible', and questioning her 'safeguarding ability' (Hester 2004, 2011). The authors conclude that:

‘Here, ‘failure’ to leave the perpetrator eclipses attention to on-going violence, described by developers as ‘a judgment by default if she’s in the child protection arena’. Jacana workers raised the woman’s sense of injustice at being pressured into engaging with services as part of the child protection plan while no similar pressures were placed on the man who was the creator of risks to themselves and their children.’ (Coy et al. 2011, p50)

### **2.11.2 Domestic violence perpetrator programmes (DVPPs)**

There is a considerable history of developing work with men who are violent to their partners; and DVPPs were originally rolled out in the US in the 1980s and have proliferated over the past ten years in the UK. These have their roots in both the therapeutic, anti-sexist men’s movement and the women’s refuge movement (Featherstone and Peckover 2007). However, it is the latter that has emerged to set standards for treatment and safety as a result of concerns that those with a more therapeutic focus were in danger of excusing men’s behaviour and unable to ensure the safety of women and children (Rivett 2010). The US Duluth programme has probably been the most influential in the UK with its central tenet being that men’s programmes should be only one feature of a coordinated community response to domestic violence using a multi-agency approach (Pence and Paymar 1993). In England and Wales these programmes are provided through two routes. Convicted offenders can be sentenced or referred to ‘criminal justice based’ programmes in prison or in probation-led community settings. ‘Community based’ programmes (previously referred to as ‘voluntary’) take self-referrals, partner-mandated referrals and statutory referrals such as social services, Children and Family Court Advisory and Support Service (Cafcass) and health. Despite some initial (and on-going) resistance regarding the efficacy of DVPPs the policy landscape has changed and work with perpetrators has now been included in successive governments’ Domestic Violence Delivery Plans and safeguarding children’s board procedures. Consistently within the literature there appears to be an increasing consensus that the most credible, accountable and effective programmes share a number of features (Dobash and Dobash 1992, Scourfield and Dobash 1999, Dobash et al. 2000, Mullender and Burton 2000, Gondolf 2002); a focus on men’s violence as the problem, a recognition that he resorts to violence because of expectations of authority and rights in a personal relationship and an understanding of violence as being physical, sexual and emotionally abusive behaviour. Successful DVPPs are deemed to be structured and



accountable, have clear inter-agency protocols, a parallel service for women and consistently evaluate their practice. Sessions should be co-facilitated by men and women in order to model respectful, egalitarian ways of working, and content should include an analysis of violent or abusive incidents, the recognition and tracking of moods and emotions, the examination of male socialisation and attitudes to women, and the development of a range of cognitive skills and techniques for increasing control over one's own well-being and behaviour (Wilson 2003).

### **2.11.3 Promoting best practice and programme accreditation**

In order to promote best practice in work with perpetrators and ensure that programmes prioritise the safety of women and children, Respect, the National Association for Perpetrator Programmes and Associated Services, was launched in 2001. It grew out of the National Practitioner's Network to fulfil the need for a representative body that could support practitioners, give them a 'voice', develop a code of practice and help to disseminate information about effectiveness. Membership of Respect requires commitment to a developing code of practice; the *Statement of Principles and Minimum Standards for Practice*, covering matters such as the principles underpinning intervention work, parallel services for women partners, training for group leaders, group size, programme length and minimum content. It also states that evaluating practice in terms of the safety and quality of life of women and children is central to this work (Respect 2004). A core feature of its accreditation standard is that 'increasing children's safety requires addressing the harmful parenting of domestically violent fathers.' (Respect 2008, p77). To date, twenty-nine DVPPs with associated or integrated support services throughout the UK have signed up to the Respect statement of support.

### **2.11.4 Do DVPPs work?**

Ever since their inception, the important question has been do DVPPs work? A meta-analysis of various research studies conducted both in the UK and US have not, to-date, provided any conclusive evidence of their effectiveness. Some evaluations have concluded they do reduce violence, whereas others claim they do not, and may even make things worse. Westmarland et al. (2010) have argued that much of the disagreement is related to three issues: variations in methodological and analytical approaches, disagreements over the interpretation of data, and differing definitions of

what the term 'works' means. Overall, this has contributed to the failings of research to show a consistent answer as to the effectiveness of DVPPs. In addition, Westmarland et al. (2010) have noted the distinct lack of attention that has been paid to unpicking the issue of what it means for a programme to 'work', to be 'successful' and to have positive 'outcomes', and asks whose definition of these questions should we be mindful of? In recent years this question has prompted a move away from a focus on simplistic measures, such as repeat victimisation, to more nuanced indicators of success. Gondolf (2004), for example, used women's self-reports to measure their general well-being, quality of life and their perceptions of safety. In order to investigate what 'success' means from the perspectives of stakeholders, Westmarland and Kelly (2012) interviewed men on programmes, their partners/ex-partners, programme staff, and funders and commissioners ( $n=73$ ) in order to explore what 'success' means from their perspectives. The analysis revealed that most female partners and ex-partners of perpetrators wanted outcomes linked to some improvement of the relationship including enhanced parenting, reduction or cessation of abuse, and the perpetrator to understand the impact of their abuse. Women who lived with their partners talked about doing more as a family, feeling happier and having a better, stronger partnership. After attending the programme women described their partners as more thoughtful, supportive, respectful, calm, or alternatively less moody. Open and respectful communication was at the core of these shifts. For example, women said they were able to talk about difficult issues with their partner, to negotiate, express opinions, and to open up and talk about feelings. Many women spoke of having a new sense that their partner was willing not just to listen but also to hear and understand their point of view and that of their children. Programme practitioners saw men's increasing awareness of self and others as a successful outcome. The reduction of violence was fifth on the list, and criminal justice outcomes, such as being arrested or a court appearance did not feature at all in the top six (see Westmarland and Kelly 2012). The researchers point out that while a total end of violence is an unlikely outcome of men attending a DVPP, other indicators were deemed successful for the stakeholders involved.

The lack of community-based perpetrator services however is a significant issue. A study by Coy et al. (2009) found that less than one in ten local authorities in the UK had a community-based domestic violence perpetrator programme. Roskill et al. (2011) also note ongoing debates about such interventions:

‘. . . we suggest that some of the tensions reflect concerns about the balance of programmes and what their primary focus should be. Is it to change behaviour towards women or children or both?’ (p12)

They comment further that while enhancing the safety of women/mothers is a basic principle of all programmes, how the issue of abusive and neglectful fathering is addressed remains opaque in some. Harne (2011, p168) also has concerns. In particular, she questions how far DVPPs are able to fully address harmful/abusive/neglectful parenting by abusive men. Recent service development within DVPPs has addressed this overlap. All Respect member programmes have now incorporated specific sessions into their programmes that enable perpetrators to explore parenting in the context of violent relationships. Research to date, however, has had little to say about whether DVPPs’ new focus on fathering has the potential to enhance children’s lives. While there are significant gaps in our existing knowledge base regarding the impact and outcomes of perpetrator work for children, a recent study by Alderson et al (2013) sought to gain an insight into how men’s participation in these sessions impact on their children. Sections of in-depth interviews with 73 participants from five community based Respect member organisations were analysed to investigate what a positive outcome of their fathers’ participation on a DVPP might look like for children. Participants included men on programmes, partners/ex-partners, programme workers and funders and commissioners.

Changes that research participants placed considerable significance on, in terms of increasing positive outcomes for children, were: the reduction or cessation of violence; healthier and more engaged father-child relationships; improved school performance; and the reduction of drug and alcohol abuse. The authors conclude that:

‘If perpetrator programmes are successful in changing men’s ways of engaging with their children, and men can safely be involved in their children’s lives, then they are integral to an overall social work response to the safeguarding and protecting of children who live with domestic violence. They thus offer a response that does not rely on women to protect children from violent fathers.’ (Alderson et al. 2012, p191)

## **2.12 Summary**

Despite domestic violence being acknowledged as a child welfare issue there is little empirical evidence to suggest that the legal and policy landscape recognises that perpetrators of such violence are often central in the lives of children as fathers. More recently, however, this has begun to be acknowledged in the development and delivery of intervention programmes, in which men's violence towards women and the effects of this on children are beginning to be addressed. In recent years, perpetrators of domestic violence who are also fathers have emerged onto social work practice agendas in a way that was unprecedented (Roskill et al. 2011). In effect, there has been a recent growth of interest in developing interventions with domestically violent fathers. Engaging with men and holding them accountable has manifested into an increase in referrals from child protection agencies to community based domestic violence perpetrator programmes with integrated support for women. There does appear to be some recognition that in terms of safety, working with male perpetrators has positive outcomes for both women and children, where such work is included as part of a holistic, coordinated community response to domestic violence (HM Government 2009). This chapter has thus given an in-depth review of the literature on how men's violence impacts on their children, the current legal and policy landscape and the responses to it. It provides an evidence base and framework for which my own research on the impact of men's participation on a DVPP and the outcomes of these for children is situated. The following chapter will now turn to the methodology, methods and the ethical considerations followed for carrying out my own research.

## **CHAPTER THREE**

### **Methodology, Methods and Ethics**

#### **3.0 Introduction**

As demonstrated in the previous chapter, domestically violent fathers are often invisible in interventions on domestic violence, and are thus rarely held to account. DVPPs are an important exception, since holding men to account and inviting them to change is their *raison d'être* (Alderson, Westmarland and Kelly, forthcoming). Project Mirabal, as explained in chapter two, has developed six complex indicators of success, four of which are connected to the experiences of children and safe fatherhood. Forming part of the Mirabal study, this research aims to develop a way of understanding the impact that men's participation in a DVPP has had on their children; how children understand and manage their knowledge about domestic violence and how this affects their relationship with their father. This chapter will describe the methodology of the research; the ontology, epistemology and the theoretical perspective underpinning the study. The overall aim of the research will be discussed and the research questions emanating from this will be outlined. I go on to explain the process of sample selection and practical issue of negotiating access to participants. I review the research design and the appropriateness of the research methods chosen for each phase of the research, providing an explanation of how the data was analysed. Methodological and analytical limitations are also discussed. Ethics are considered in relation to three issues: power relations, informed consent, and confidentiality. While these issues are not unique to children and are also present with participating adults, I explain how there are important differences in how these issues are approached with children, given their understanding of the world and their experiences in comparison to adults. An essential component of rigorous inquiry is the ability of the researcher to provide a transparent account of the research journey. In keeping with this belief I have provided personal reflections of, and the emotional labour involved in, the world of research with children.

#### **3.1 Methodology**

The ontological question of 'what kinds of things really exist in the world?' and epistemological questions that consider 'how is it possible, if it is, for us to gain knowledge of the world?' (Hughes and Sharrock 1997, p5) have been the subject of

much philosophical debate spilling over into the realm of social science. Their conclusions have implications for how researchers can find out about the properties of things in the social world (Williams and May 1996 p9-10) and as a result they necessarily guide decisions about the methodology and methods to be used in any social science research (Williams and May 1996 p11). Thus epistemology concerns theories about knowledge construction by questioning whose knowledge is validated and what constitutes knowledge.

### **3.1.1 Feminist epistemology**

As explained in chapter one, my study on the impact of DVPPs and outcomes for children is strongly influenced by feminist theory. It was therefore important that I chose methods that would 1) illuminate how children experience their fathers' participation on a domestic violence perpetrator programme and 2) elicit workers' views on men's motivation to attend DVPPs and how they are supporting children. Traditional methods of inquiry used by 'malestream' sociologists have attracted criticism from feminists over the last 30 years, who have argued for alternative methodologies that consider experience and subjectivity rather than the distance and objectivity that underpins the so-called truths of the natural and social worlds (Ramazanoğlu and Holland 2005 p23-25). Abbot et al. (1990) have argued that the taken-for-granted epistemological stance of 'malestream' sociology is distorted:

'It is inadequate not only because it does not fully incorporate women but because the knowledge it produces is at best partial because it does not take account of over half the population. Women have found that the knowledge provided by conventional sociology does not relate to their lives or their concerns.' (p383)

As a result of feminist resistance, feminist epistemologies aim to face and challenge power constructions and to reshape the taken-for-granted understandings and practices. It is also argued that feminist research embraces a perspective...

'in which women's experiences, ideas and needs (different and differing as they may be) are valid in their own right, and androcentricity—man-as-the-norm—stops being the only recognised frame of reference for human beings.' (Klein 1983, p89)

The idea of situated knowledge is central to feminist epistemology, thus the concept of gender must affect our understanding of the world. Stanley and Wise (1983) have provided a useful summary explaining:

‘theoretical constructions about the nature of women’s oppression and the part that this oppression plays within social reality more generally.’ (p55)

Feminist approaches to research recognise that people experience the world with their body and their mind; the understanding that any personal experiences of a phenomenon can only be assisted by first person accounts (Chinn 2003). The researcher can only know these states by interpreting signs and features, or obtaining descriptions of the study subject from the person experiencing the phenomenon. Feminist researchers believe that research is ‘conducted by people who are shaped by culture, society, politics etc., and argue that knowledge can only be humanly produced’ (Cope 2002, p43) and moreover that humans are active participants in its production. Social and human contexts will also influence the questions we ask, our approach to the questions and the interpretations from our findings (Du Bois 1983, p105). Thus, from a feminist perspective there is no research in the social sciences that can be considered to be completely neutral or value-free. Instead, the values, presumptions and contexts of researchers need to be stated clearly in order for readers to appreciate the context of the research (Bowles and Klein 1983, p15).

### **3.1.2 Feminist research methods**

Whilst there is no standard agreement over what constitutes feminist research, early descriptions have suggested that it is research conducted by women, for women and about women and that only qualitative methods rather than quantitative methods are adequate for feminist research (Depner 1981, Klein 1983). This historical argument has constructed social science research into different camps; qualitative methods are associated with valuing the subjective, personal meaning and definition, commonalities and giving voice to the oppressed. In contrast, quantitative methods are constructed in terms of testing theories and making predictions in an objective value-free way where the researcher is detached from both the participants and the research process. The qualitative-quantitative debate reached a height in the 1990s and is succinctly outlined by Westmarland (2001), who suggests that the incredible diversity of individual people’s lives and personal experience necessitate multiple and flexible approaches to research. Furthermore, as many contemporary feminist researchers

suggest, there is no actual difference between qualitative and quantitative research in traditional social science research since both are inherently biased in their definitions and depictions of social reality. Knowledge is reflected with a specific orientation in mind: that of men, and more specifically, white, middle class, heterosexual men. As Hill-Collins (1990) argues:

‘Institutions, paradigms, and other elements of knowledge validation procedure controlled by elite white men constitute the Eurocentric masculinist validation process. The purpose of this process is to represent white male standpoint’.  
(p203)

In other words, whether qualitative or quantitative methods are used in traditional social science research it is male knowledge that is being defined, not human knowledge. Knowledge of women’s lives has been absent or constructed from the perspective of men. Feminist epistemology challenges both qualitative and quantitative malestream social science research that solely focuses on the location of men as ‘the source of knowledge’ (Hawkesworth 1989 p539). The true epistemological difference in research methods thus lies between traditional malestream social science research and feminist research. As Ramazanoğlu and Holland (2002) argue, there is no research technique that is distinctly feminist (p15).

Different feminist issues need different research methods. As long as the underlying philosophy of the research is feminist, i.e. applied from a feminist perspective then the dichotomous ‘us against them’, ‘quantitative against qualitative’ debate is invalid (Westmarland 2001 p10). In feminist quantitative research for example, it is the way questions are asked and the ability to provide participants with multiple opportunities to reveal difficult and painful experiences that make a difference. Harding (1986) argues:

‘Feminist researchers use just about any and all of the methods, in this concrete sense of the term, that traditional androcentric researchers have used. Of course, precisely how they carry out these methods of evidence gathering is strikingly different.’ (p2)

Kelly, Regan and Burton (1992) have suggested that ‘what makes feminist research feminist is less the method used and more how it is used and what it is used for’ (p150). Over the years, feminist researchers have gradually broken with the assumption that a particular epistemological or theoretical position must only be



associated with a particular method of data collection. Kelly, Regan and Burton (1992) have developed their feminist research practice to include male participants - as survivors, community members, policy makers, professionals and perpetrators of domestic violence. Their research frequently includes the use of quantitative methods due to the richness of data gained when participants can remain anonymous. They suggest:

‘Our experience, and developing methodology in prevalence research suggests that face-to-face interviews are not the only way to get more accurate data; the way questions are asked, and the provision of multiple opportunities to reveal difficult and painful experiences, also make a huge difference.’ (Child and Women Abuse Studies Unit, undated)

Thus, whilst breaking with orthodoxy in terms of methods, it is possible to discern a distinct feminist methodology in feminist research, which includes encompassing the belief system of feminist epistemology and ontology and ensuring the accuracy of the research in depicting women’s lives and experiences. Feminist methodology has been summed up by Ramazanoğlu and Holland (2005), who state that it is a distinct way of conducting research that provides a platform for marginalised groups to have their voices heard. However, it is important to recognise that there is no single way of knowing, that can be described as feminist, because all knowledge is context based. While feminism has utilised many differing ontological and epistemological stances (Ramazanoğlu and Holland, 2005) to encompass this, there are common characteristics and key principles that feminists use in their research.

### **3.1.3 Power imbalances: The researcher and the researched**

One of the central themes within feminist research is the issue of the unequal power relationship between researcher and participant, rather than the traditional standard of research as ‘owned’ by the researcher. Feminist research thus seeks to restructure inequality by removing the notion of ownership of knowledge (Wolf 1996), and validating the perspective of the participant. This gives the researcher the flexibility to be able to relate to research participants in subjective rather than objective ways (Edwards 1990). One of the first steps in doing this is to change the research terminology, using the term research ‘participant’ rather than ‘subject’. Feminist research also seeks to remove the hierarchy by recognising participants as part of the social world; critical thinkers who are conscious of social relationships that can impact

upon their own lived realities. As Ralph (1988) indicates, research participants are 'often actively working to change the conditions of their oppression.'(p139)

Changing the power relation between researcher and participant also entails recognising the researcher as part of the research process. Age, race, class and sexual orientation of the researcher play an important role in restructuring the power relationship. Feminist researchers are themselves active agents in the social world, and as such need to identify and critically examine their own social location in order to address biases, tensions and contradictions (Lather 1988). Feminist researchers recognise that the choices they make are always shaped and motivated by their own social location and that this inevitably affects the research process; from the choice of research topic to how to present the final findings. Minimising the power relation within feminist research is doubly emphasised when the research participants are less powerful in their positions as children and young people (McCarry 2005). Throughout childhood, children are often in a position where adults exert a great deal of power over their environment in terms of decision making (Valentine, 1999, Robinson and Kellet 2004, Punch 2009). Redressing this power imbalance within the research context is challenging, however some suggestions and strategies towards addressing these power issues include the use of participatory led methods (Barker and Weller 2003), focus groups (McCarry 2005), and the use of child centred research tools (Punch 2002b).

#### **3.1.4 Commitment to social change**

A central concern for feminist researchers and the starting point for any scientific quest is to change the status quo (Mies 1983). Feminist research must therefore serve the interests of women and children and contribute to societal change rather than as a tool to support the dominant masculine world view. For example, Hague and Mullender (2005) have suggested that this can be achieved through enabling women and children's voices to be better heard by policy makers and practitioners. As Cook and Fonow (1986) state:

'Feminist research is thus not research about women, but research for women to be used in transforming their sexist society.'(p13)

A commitment to feminism as the underlying motivation for carrying out feminist research means that research and action cannot be separated. How this is played out in the research process, however, is again the result of choices being made by the

researcher. Having the research question come from a women's organisation is one such way into staying grounded within the women's movement. Practice experience can also aid research and the dual role of practitioner and researcher has distinct advantages in bridging the gap between research and practice. Hester and Pearson (1997) have suggested that research undertaken by those with practice experience is perhaps more likely to initiate change and have an impact on policy, procedures and practice.

The issues of gender and gender inequality are always at the heart of feminist research although not always obvious at the outset. For example, this can be illustrated in research on the effects of domestic violence on children (Hester and Radford 1996, Hester and Pearson 1998) and research with black, minority ethnic and refugee women (Gill and Banga 2008). While these studies are concerned with issues that are gendered, other concepts are also or equally as important, such as age, ethnicity and culture. Thus, while feminist research may not focus exclusively on gender and gender inequality and may involve male participants it is, as Ramazanoğlu and Holland (2005) state, 'still grounded in women's experience'. Feminist research thus embraces the philosophy of the study, using a feminist perspective to infuse the entire approach (Klein 1983, p83). Methodologically, feminist research differs from traditional research for three reasons; it begins with the standpoints and experiences of women, it promotes a non-hierarchical relationship between researcher and participant, and it is politically motivated, seeking to play a major role in changing social inequality. It is thus the motives, concerns and knowledge that is brought to the research process as well as a consideration of the research questions, data collection, data analysis and distribution of the findings that makes feminist research uniquely feminist. My dual role as PhD researcher and my part time work in the area of children's social care has provided me with a distinct advantage, helping to bridge the gap between my research and practice, both of which are heavily influenced by the theories and values of feminism.

### **3.2 Aim and research questions**

Despite the negative impact of domestic violence on children described in chapter two, no empirical research has been conducted that explores the outcomes for children of their fathers' participation on a DVPP, taking into account the voices of children and DVPP workers. This is significant in terms of family policy child welfare and the

discourses around father absence. As stated in Chapter 1 (section 1.13), the overall aim of the research is to:

‘Investigate the impact of domestic violence perpetrator programmes on children.’

### 3.2.1 Research questions

Table 3.1, below, illustrates how the study meets the overall aim of the research through addressing the following research questions:

**Table 3.1 Research questions and method of data collection**

	Research question	Method of data collection
1	To what extent are domestic violence perpetrator programmes working to support children whose father is participating on a programme?	Online survey of Respect member organisations
2	To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children, and how does this affect the motivation of men?	Semi-structured interviews with DVPP staff
3	What is the most appropriate methodology for seeking the views of children on their experiences of their fathers' participation on a domestic violence perpetrator programme?	Review of the literature on existing methods used for eliciting the views of children
4	How do children experience their fathers' participation on a domestic violence perpetrator programme and how have their lives changed as a result of this intervention?	Semi-structured interviews with children

The answers to these questions will contribute to an understanding of how perpetrator work includes and promotes the safety of children into their work, and give an indication of outcomes for children of their fathers' participation on a DVPP. Findings will thus form a basis from which strategies for future action can be suggested.

### 3.3 The sample

This section will give an overview of the sample in the three stages of research; survey, semi-structured interviews with DVPP workers, and semi-structured interviews with children. My aim was to adopt a purposive sampling strategy that would ensure the range and type of participants necessary to gain an insight into research questions one, two and four in Table 3.1 above.

Table 3.2 below shows how a purposive sample enables in-depth exploration of a range of circumstances and experiences, illuminating particular issues of interest in order to meet the objectives of the research.

**Table 3.2 Sampling strategy with objectives**

	<b>Participants</b>	<b>Objectives</b>
1	Respect accredited member organisations	To conduct a survey of Respect accredited member organisations regarding the extent to which they are undertaking direct or indirect domestic violence work with children
2	Children	To conduct semi structured interviews with children whose father is currently/recently attended a DVPP and who are themselves receiving support. Interviews aimed to elicit children's views on the outcomes of their father's participation for children themselves.
3	DVPP workers	Interviews with a variety of project workers in DVPPs that have parallel support for both women and children. To establish their views on the impact of DVPPs on children and how this affects the motivation of men.

### **3.3.1 Survey participants and sampling frame**

Working in collaboration with Respect (the UK Association for domestic violence prevention programmes and integrated support services) a survey was undertaken in order to establish the number of Respect member organisations, within the UK, who are currently working directly with children as part of an integrated domestic violence service. Respect supplied me with a list of contact details of accredited member organisations, which included names of project managers, telephone numbers and email addresses. Invitations to participate were distributed via email to 114 Respect member organisations situated throughout the UK. A total of 44 organisations responded and, of these, 22 indicated that they were working directly or indirectly with children. A detailed list of these organisations can be found in Appendix 7.

### **3.3.2 Gaining access to adult participants (DVPP workers)**

Contrary to the experiences of some researchers, (see Skinner, 2005) gaining access to adult participants was a fairly uneventful process. All Respect member organisations were aware of the wider Mirabal study and the importance of this investigation for finding out what community based DVPPs add to a coordinated

community response to domestic violence. They were thus able to recognise my links with the wider Mirabal study and the feasibility of investigating the outcomes of DVPPs for children. A personal introductory email explaining the aims and objectives of the study and an invitation for potential participants to take part in the research was sent to all suitable (i.e. those working with children) Respect member organisations ( $n=103$ ). Three Project Managers responded to my email expressing an interest in participating. One programme was located in Scotland, one in the North of England and one in the South West of England.

Some commentators have stressed the need for researchers to fully inform potential collaborators what they will be asked to do, how much time they will be expected to give and what use will be made of the information they provide (see for example Bell 1993) at the early stage of recruitment. I therefore arranged face to face meetings with each of the three project managers and visited their projects to answer any questions they or their staff might have regarding the research. Although time consuming, drawing on my research time and energy and in particular Mirabal project financial resources, I believe that the significance of personal contact should not be underestimated (Patel et al. 2003). As a contract researcher with previous experience of working with many community based projects over a number of years, I know that positive personal attributes such as good interpersonal skills are an asset to those looking to undertake collaborative research with voluntary and statutory sector agencies. Researchers also need the ability to be respectful and approachable and to show familiarity within the specialist field they intend to study. I therefore established an open working relationship with each of the projects very early on in the research process resulting in the recruitment of eleven DVPP workers who agreed to participate in a semi-structured interview. Six of the participants worked directly with children in a support role, four participants facilitated groups for domestic violence perpetrators, and one participant worked with partners of perpetrators (sample descriptions of DVPP workers can be found in Appendix 10). The effective collaboration with each of the three projects was sustained throughout the lifetime of the research process.

### **3.3.3 Gaining access to child participants**

In my original research proposal it was envisaged that my sample size would be around twenty-five children between the ages of 7-16 years. This was a deliberately small sample size in order to ensure in-depth interactions with children on such a sensitive subject. I also believed this sample size would be manageable in terms of

the various locations of Respect projects across the UK that I would need to travel to in order to interview the children. However, the recruitment of children to participate in the research was perhaps the most challenging part of my study, taking an inordinate amount of time and resources and causing major disruption to my research schedule. As Dowling and Weiner (1997) argue, recruiting participants is the task most often left for junior and inexperienced researchers to undertake and not often reported adequately in the literature. As this was a PhD research study that required me to organise and manage the entire project with supervision it was my sole responsibility to develop a strategy and negotiate with project managers who would hopefully enable me to access children. Integral to the selection process were the ethical principles that met the criteria of the Research Ethics and Risk Assessment Form approved by Durham University. This included and outlined the three criteria that children would need to meet in order to deem them eligible to participate in the research:

1. In line with the National Children's Bureau Ethical Guidelines (Shaw et al. 2003) regarding research with children on sensitive topics such as domestic violence, the age range of children in this sample will be 7-16 years (Although I am aware that children's understanding of domestic violence is not constrained by age related cognitive structures)
2. Because of the sensitive nature of domestic violence every precaution will be taken to ensure children will not become distressed. If children are left with feelings that they would like to discuss further, a support worker (that the child is familiar with) will be on hand to discuss any issues arising from the interview. It is imperative therefore that all participants have existing support in place within the organisation.
3. For safety reasons, fathers of children participating in this research must have participated in a domestic violence intervention programme within the last six months, or at the time of interview, receiving intervention for the previous three months.

It was essential that potential participants met the criteria outlined above and this was explained in the introductory email. While most of the projects were aware of the wider research project and showed a genuine interest in my study, many conveyed their apologies that they were unable to help me access participants due to the fact that the children did not meet my stipulated criteria. Several projects mentioned that

although their organisation directly supports children (criteria 2), their fathers had not attended a DVPP within the timeframe specified (criteria 3). Some projects said that while many of the men who had completed or were currently attending DVPPs had children, there was no support in place for them (criteria 2). Other projects said that while many of the children they worked with did meet criteria 2 and 3, they were under the age of seven years (criteria 1). Despite my disappointment in failing to meet the sample size I had anticipated, I was not willing to compromise my ethical principles.

A surprising lacuna was the fact that while several projects told me they worked with children who met the criteria, these children would be unable to participate because they were unaware that their father was attending a DVPP (see Alderson, Westmarland and Kelly 2013, for further discussion). This highlighted a lack of open and honest dialogue between parents and their children, and was in itself an early key research finding. Ultimately, the final sample of children participating in the research was thirteen, including six boys and seven girls aged between the ages of 7 and 16 years. While the children came from a variety of socioeconomic backgrounds, none of the children were from black and ethnic minorities groups. This reflects the low take up of domestic violence services generally from this group (Thiara and Breslin 2006). At the time of interview all of the children were living in the family home with their father who had previously, or was currently attending a DVPP (sample descriptions of children can be found in Appendix 11). Given the small numbers of children participating in this research and the purposive sampling technique, the sample cannot be deemed representative of the general population.

### **3.4 Research design and methods**

This research draws upon a central objective of feminist scholarship; the exploration of the lives of marginalised groups and their situated knowledge(s) (Haraway 1988, Whitehead 2002). The study was undertaken in three phases. The first phase of the research took the form of an online survey of Respect member organisations and was conducted to assess the nature and extent of work that is undertaken with children experiencing domestic violence. The second phase consisted of qualitative research undertaken with DVPP support workers in order to elicit their views on what motivates domestic violence perpetrators to change their behaviour. In the third phase the children of men on DVPPs were interviewed using an activity based research book. The methods I chose were the most appropriate for mapping the number of Respect member organisations who were working with children, eliciting the views of DVPP



workers who were working directly with children, and eliciting the views of children regarding their fathers' participation on a DVPP. The following sections will outline the methods used for each phase of the research.

### **3.4.1 Online survey**

A quantitative survey was conducted to provide a general scoping of the nature and extent of direct work that is undertaken with children of men on DVPPs. Using an online research tool (Bristol Online Survey), invitations to participate were distributed via email to 114 Respect member organisations. A filter question asked whether or not the programme was undertaking direct work with children leading to a section on the nature, extent and funding of this work or their reasons for not doing such work. A total of 44 organisations responded. This phase of the research was linked to question one of the overall research aim: 'To what extent are domestic violence perpetrator programmes working to support children whose father is participating on a programme?' The survey thus aimed to:

- Establish the number of projects working directly with children as part of an integrated domestic violence service.
- Investigate the types of work undertaken with children.
- Map the geographical location of integrated domestic violence services that also work directly with children.
- Investigate the reasons why some DVPPs do not work with children.

The survey was chosen over other research methods (such as interviews) as it was an effective and quick way to find out the answers to my questions and did not draw too much on the time resources of busy professionals. This also gave me a baseline of the numbers of projects working with children and the type of work undertaken.

### **3.4.2 Interviews with DVPP workers**

I decided to elicit information from DVPP workers on the issues pertinent to research question 2 (To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children and how does this affect the motivation of men?) through the medium of the research interview, rather than a self-administered questionnaire. However, there was the question of what type of interview would best elicit a rich data that would inform the research? Within social

science two types of interview have come to predominate, these are the structured and unstructured interviews. Table 3.3 below outlines their key features:

**Table 3.3 Features of structured and unstructured interviewing**

<b>Structured interviewing</b>	<b>Unstructured interviewing</b>
The interview is structured in order to maximise validity and reliability	The interview is much less structured
The researcher has a specified set of research questions to be investigated and the interview is designed to answer these questions	There is greater generality in the formulation of research ideas
The interview reflects the researcher's concerns	There is greater interest in the interviewee's point of view
Going off topic is discouraged	Going off at tangents is often encouraged in order to gain insights into what the interviewee feels is important
Interviewers do not deviate from the interview schedule as this would compromise reliability and validity	Interviewers may depart significantly from the interview schedule
Is inflexible	Is flexible
Answers are designed to be easily coded and processed	Rich, detailed answers are anticipated and hoped for
The interview is a one off process	Interviews may be conducted on more than one occasion with each respondent

**Adapted from Bryman (2004, p319-320)**

Essentially, as table 3.3 shows, the structured interview approach aims to create the 'pure' interview enacted in a sterilized context that will come 'as close as possible to providing a 'mirror reflection' of the reality that exists in the social world' (Miller and Glassner 2004, p125). Bryman (2004) argues that:

'This type of 'pure' interview is achieved through the standardisation of both the questions asked and the way in which answers are recorded ...by standardising questions and responses in this way any variation found in participants' answers will be due to real variation, rather than variation due to the interview context.'(p110)

In order to avoid contamination of responses, questions in the structured approach are typically closed with pre-coded multiple choice answers (Bryman 2004, p111). It thus allows little space for variation and flexibility to fully capture the complexity of the social world. The unstructured interview approach, on the other hand, offers a way of 'figuring out what events mean, how people adapt, and how they view what has happened to them and around them' and there is an emphasis on complexity as well as time and context (Rubin and Rubin 1995, p34-35). However, for my research it was

necessary to pose some specific questions in order to get 'detail, example, and context' (Rubin and Rubin 1995, p6). For example, it was important to ensure that the interviews would capture data concerning their views, level of experience in the field and their familiarity with specific DVPP session content and support provided for children within their own project. Consequently, a semi-structured approach was used. Here, the main questions and script are fixed (thus allowing for factual data to be gathered), 'but interviewers are able to improvise with follow-up questions and to explore meanings and areas of interest that emerge'. (Arksey and Knight 1999, p7) Semi-structured interviews also fit with the feminist approach of being more flexible and participant-friendly than structured interviews. Jayaratne (1983) for example suggests that semi-structured interviews tend to 'convey a deeper feeling for or more emotional closeness to the persons studied' (cited in Westmarland 2001, no page number). Data thus provide 'thick and rich descriptions' that help to reconstruct and understand a situation from the point of view of the interviewee (Rubin and Rubin 1995 p35). Since I was interested in examining the experiences of DVPP workers in relation to the outcomes for children of their fathers participation on the programme and the influences that affect men's motivation to participate, I felt it was appropriate to use this type of less structured interview approach in this study.

All workers within each of the three projects were approached by their Project Managers and asked if they would agree to participate. A total of eleven workers consisting of six children's workers (two male and four female), one women's worker (female) and four perpetrator group facilitators (two female and two male) agreed to take part in the research. Information and consent sheets, including my mobile phone number were disseminated by email before the interview took place so that participants were able to make an informed decision about taking part. During the interview I encouraged participants to relax by engaging them in a pseudo conversation situation rather than a formal interview. I believe the rapport that was fostered between the participant and myself was genuine rather than instrumental and that this encouraged a non-exploitative relationship. As Maynard and Purvis (1994) suggest, the personal involvement of the interviewer is an important element in establishing trust and thus obtaining good quality information. Despite an awareness that power dynamics can shift dramatically when men or institutions are included in the research investigation, the male project workers I interviewed were working for an organisation that supports the feminist principles of gender justice and equality and were subsequently aware of the issues of power and control. In this situation I felt that I did not need to adapt the approach I used for the female participants. Each of the

interviews took place in a private office at the participant's place of work and took approximately one hour to complete. I recorded the interviews using a small digital recorder and transcribed these verbatim.

### **3.4.3 Interviews with child participants**

The United Nations Convention on the Rights of the Child (1989) states that children have the right to be 'properly researched'. Beazley et al. (2009) suggest that in research terms this translates into using creative methods that make it easy for them to express their opinions, views and experiences, and also help to sustain their interest and attention. A research study by Bagnoli and Clark (2010) for example, involving consultative focus groups with children, found that they did not want to take part in a study that involved 'just sitting and talking.' It was therefore especially important for me that the tool I chose for interviewing the children was appropriate for empowering them to formulate and share their views and experiences and gave them the opportunity to actively engage in the research. As Banks (2001) has stressed:

'Social research has to be about engagement, not an exercise in data collection...swooping god-like into other people's lives and gathering 'data' (including visual data) according to a pre-determined theoretical agenda strikes me, not simply as morally dubious but intellectually flawed.'(p179)

The above quote starts as an excellent starting point to describe my own research and my aim to engage with children in a way that would enable me to reflect deeply and observe more fully the diversity of their experiences regarding their father's participation on a DVPP. After careful consideration of research tools that have been tried and tested in previous research with children (see chapter four for an in-depth review), I chose to develop my own research tool based on the Life Story book. The Life Story book has previously been widely used as a therapeutic tool for children in care. In recent years however it was adapted as a research tool by McSherry et al. (2008) in their research with adopted children. I thus considered its usefulness for collecting data from children on the issue of domestic violence. Despite the fact that it had never been used before in research with children on the issue of domestic violence, I felt it was sensitive enough to allow children to speak out about the impact of their father's participation on a DVPP, it could be successfully adapted to investigate my own research questions and it fit well within a feminist framework. The Life Story book (subsequently named the research book for this study) was designed to be both

a visual and narrative method of inquiry that focused on the lives and experiences of children regarding their fathers' violence and allowed them to tell their story as they see it. The research book included a variety of tasks that children would find fun to do and could complete while talking about their experiences. In order to keep the child interested and to encourage full participation, I endeavoured to design each task based question to elicit a different response. Each page was designed differently requiring a particular task based activity to be carried out. The first three questions were designed to put children at their ease by asking their age, favourite television (TV) programme, and the person they would most like to be. The main aim of this was to facilitate rapport with the child (Morrow 1999) and gain their trust in talking to me about their father's participation on the programme. After three ice-breaker questions I decided to locate a space for children to draw a picture of themselves that would provide a focus away from me as the researcher. The idea of including children's drawings as a task in the research book derived from the concept of Human Figure Drawings (HFD) which originated in the 1920s by Goodenough (1926) and later by Koppitz (1969) and Di Leo (1970, 1983). Care was taken to position each of the task based questions sequentially within the research book (easy questions first) to encourage children to feel comfortable, and I ensured that each topic or question was broad enough to allow the child to talk freely about a particular issue. Harden et al. (2000) suggest that children may feel more comfortable communicating their feelings this way. The draw and write tasks within the research book included picture drawing, letter writing, Likert type scales, smiley faces, and comparing family activities before and after their father's participation on a DVPP. As Arrington (2001) suggests, drawing serves both as a relaxant and as a means of reducing defensiveness thus enhancing communication. The remaining tasks within the research book address issues such as family members or friends that they can talk to; activities the child does with their father, safety levels, and feelings about their father's participation on the programme<sup>1</sup>. The research book was thus designed as a tool to be used as a facilitative method for verbal communication with the children rather than the perceived meaning of the children's drawings, writings and other completed tasks.

During the course of designing the research book I forged links with children's workers from two local community based domestic violence projects who provided valuable information and direction on appropriate types of questions and the language to be

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<sup>1</sup> The illustrations for the research book were undertaken by fellow doctoral student Nathan Griffin, School of Applied Social Sciences, Durham University.

used. For example, the workers told me that children used various terms for the DVPP, most common were 'group' and 'programme', it was therefore suggested that these be used interchangeably in the research book. On their suggestion the required tasks within the research book were kept to a manageable level to accommodate the youngest children and to avoid them becoming bored and restless. The research book was limited to ten open questions framed as tasks and pilot tested with three children aged between 8 and 15 years in order to help identify further wording and phrases that children might struggle with. No other changes were suggested in the piloting.

The three programmes that agreed to give me access to children for participation in the research were given a clear explanation of the research process and its purpose. Project Managers were sent a copy of the research book, information sheets for parents and children, and consent forms. They were also invited to ask any questions they had regarding the research via email, telephone or face to face at meetings set up with each project prior to the interviews taking place. Domestic Violence Women's workers agreed to take on the task of informing service users (who had children who met the sample criteria) that the research was taking place and asking them to consider consenting to their children taking part in the research. Information sheets for parents (see Appendix 5) with an attached parental consent form (Appendix 6) were given to the non-abusing parent (mothers) who agreed to give consent for their children to participate. In one situation however, the children were living with their father who was attending a DVPP. In this instance, the father was approached with information regarding the research and consent was sought from him. It was explained to parents that their child's consent should be freely given without pressures such as coercion, threats or persuasion (Nuremberg Code 1947). For parents this meant assessing the child's ability to understand and decide, making sure the child was sufficiently informed about the research and considering whether he/she had sufficient understanding to make a reasonable choice about participating.

I also made available a copy of the research book so parents were able to see the exact questions I intended asking the children. The information sheet also included my own mobile phone number and parents were invited to telephone me if they had any other questions they wished to ask me regarding the interview with their child. All children were given a choice of venue for the interview to take place. These included DVPP premises, school or home. Cree et al. (2002) have warned that when research involves sensitive issues (such as domestic violence) it is particularly important for researchers to be vigilant for signs of a child's distress, which can often be seen in

their response to certain questions (i.e. changing the subject or sudden silence) and to respect children's reluctance to answer questions that might be difficult or painful for them.

It was important for me that the children did not leave the interview with any negative emotions and without support. I was therefore mindful to gauge their emotional state throughout the interview. As a precautionary measure the interviews were conducted in a place where a children's support worker was on hand to offer support should this be necessary. None of the children required this support following the interview. Fortunately none of the children in this study required counselling due to the issues raised during the interview.

Before beginning the qualitative interviews with the children I was mindful of the recommendation made by Cameron (2005) who argued that any qualitative study that involves children should start by asking the child about things that he or she already knows or sees as relatively unthreatening. I therefore made 'small talk' with the children, asking them about their day (school, pets, friends etc.). This period of 'free narrative' facilitates 'both the child's settling-in phase and the interviewer's grasp of this child's communication style and concerns' (ibid, p601).

The interviews with children took between one hour and two hours to complete depending on the individual child. The research tool used was at the discretion of the child, however this tended to fall into two distinct age brackets. All of the children aged between 13-16 years opted not to use the research book, instead preferring to be questioned with a semi-structured interview schedule. This choice was based on the research book appearing 'too babyish' for them to communicate with this method (see also Barker and Weller 2003). The research book was very popular however among the children aged 7-12 years, who all chose this method for the interview. Each interview was recorded using a small digital recorder and transcribed verbatim.

### **3.5 Survey analysis**

The data was exported into a Microsoft Excel file and checked for missing data. Following this, basic frequencies were obtained and used to describe the data. Some tables and graphs were produced directly out of the Bristol Online Survey tool.

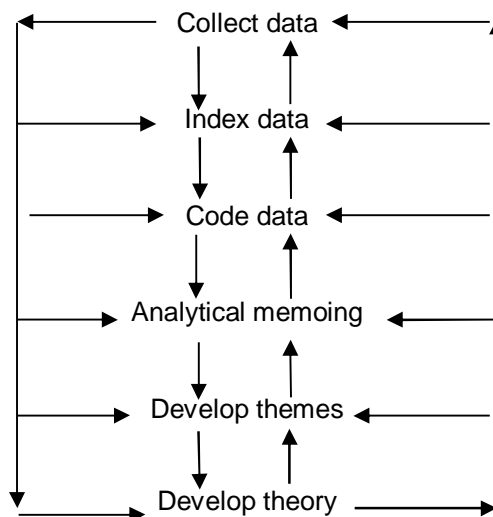
### 3.6 Qualitative data analysis

The aim of qualitative research is to provide an explicit rendering of the structure, ordering and patterns found among a set of participants (Lofland 1971, p1). While all research designs and methods use different tools of analysis all qualitative data must be indexed, coded and conceptualised in some format in order to reduce the data to a manageable amount. There is, however, no one right way to analyse qualitative data. As Plummer (1990) explains:

‘in many ways this is the truly creative part of the work – it entails brooding and reflecting upon mounds of data for long periods of time, until it ‘makes sense’ and ‘feels right’ and key issues and themes flow from it. It is also the hardest process to describe. The standard technique is to read and take notes, leave and ponder, reread without notes, make notes, match notes up, ponder, reread and so on.’ (p99)

While Plummer suggests there are ‘no rules’, there are basic principles. The model below demonstrates how my data analysis was an interactive on-going process rather than moving through linear stages.

**Figure 3.1 Basic model of qualitative analysis**



#### 3.6.1 Analysis of DVPP workers’ interviews

Interviews with DVPP workers were recorded with a digital mini-recorder, thus enabling me to create individual ‘core’ files for each participant (Plummer 2001, p151).



The method of recording, however, was not without its problems. While the interview was undertaken in a private room at the participant's place of work, occasionally the sound quality in the room was very poor due to noise in the adjacent room and/or corridor. This often only became evident when playing back the recording. My past experience of undertaking qualitative interviews gave me the forethought to also take notes throughout the interviews and these became an invaluable back-up when this occurred.

### **3.6.2 Transcription**

Transcription took place as soon as possible after each interview had been completed using my field notes when necessary. These were transcribed verbatim. Each transcribed interview was saved to my PC which was password protected to strengthen confidentiality. From the very beginning of each interview transcription I began tentatively analysing what had been said. I found it useful to constantly remind myself of the research questions during transcription by writing these in the header on my computer documents. This not only helped me to maintain my focus but it also helped me to make sense of the data. Listening carefully to the tapes whilst transcribing also helped me to understand how DVPP workers viewed the 'causes' of men's violence, the impact of domestic violence on children, and men's motivation to attend and participate in a DVPP. During this process of early analysis I also wrote memos to myself in order to capture my initial thinking and the tentative ideas I had about the data. This preliminary analysis revealed areas that were being overlooked in the interviews and thus prompted me to allow time to address these in future interviews. In the process of managing the data, often a new 'story' starts to appear (Plummer 2001, p149) through envisaging patterns, making sense, giving shape and bringing the quantities of material under control (Ramazanoğlu and Holland 2005). The following section gives an explanation of how my analysis of the interview data was carried out.

### **3.6.3 Coding**

The reduction of data took place through the process of coding, which involved assigning units of meaning to data chunks. After looking through the transcribed data and field notes I set about reducing and organising it. This took place through discarding all irrelevant information. I ensured, however, that I was able to access this later if unexpected findings were revealed and the data needed to be re-examined.

When each transcript was completed I printed off hard copies and organised these by placing the interviews in a ring binder, each being separated by coloured cardboard dividers (which was useful for making notes relating to the specific participant). I then began the process of categorising the raw data by re-reading and identifying all statements that related to the research question or somehow seemed important (exemplars). Due to the conversational nature of the interviews, separating the data question by question was difficult and it became necessary for me to analyse each individual interview for common themes, categories, patterns and relationships, which came initially from my review of the literature, professional definitions of the topic under investigation, and also from my own values, theoretical orientation, and personal experience with the subject matter (see Bulmer 1979, Strauss 1987, Maxwell 1996). I then assigned a general code for each category. Using these general codes I reread the data searching for statements that were contradictory as well as confirmatory. I was also mindful not to try to seek out data that supported my own ideas about the key findings of the study. For example, prior to undertaking this research I had a preconceived idea that the father-child relationship would be damaged irrevocably due to the domestic violence.

#### **3.6.4 Developing themes**

After the initial sorting and coding of the text I cut out the quotes, making sure I maintained some of the context in which they occurred. I pasted these onto a small index card, writing on the back of each the name of the participant, where it appeared on the text, the name of the project and the participant's job title. Spreading the cards out on the floor, I sorted them into piles of similar statements, sentences, quotes etc., and grouped them together into first order themes (Holloway and Wheeler 2010). This way they were separated from units with different meaning. The same process was then repeated with these first themes, which were then grouped together into second order themes (Holloway and Wheeler 2010). This was repeated as far as possible. An example of how themes were derived from transcripts from DVPP workers can be found in Appendix 8. As suggested by Holloway and Wheeler (2010) I ensured the trustworthiness of my data by asking participants to judge the accuracy and interpretation of my analysis by providing them with a summary via email and asking them to critically comment upon the adequacy of the findings.

Although many researchers now use Computer Assisted Qualitative Data Analysis (CAQDA) my personal preference remains working with pen/paper. While CAQDA

can be useful for managing very large data sources, the number of participants in this study could easily be managed without computers. In addition, for those (including myself) who have not had an educational upbringing that included computers as an integral part of life, using computers for 'deep' analysis, and reading on screen rather than paper can lead to a sense of detachment from the data.

### **3.6.5 Analysis of interviews with children**

Analysis of the children's data was undertaken in two parts. Interview transcripts from all thirteen children in the sample and analysis of the visual data completed by nine of the children. It needs to be noted at this point that although the interview questions were the same for all participants these questions were presented in different ways. The research book, with tasks and activities, was used for nine of the children aged between 7-12 years and a conventional semi-structured interview was used for four of the older children (aged 13-16 years). While the same questions were asked of both groups of participants, the wording used was age appropriate for each group. The interviews with children aimed to elicit answers to research question 4: How do children experience their father's participation on a domestic violence perpetrator programme and how have their lives changed as a result of this intervention?

### **3.6.6 Analysis of children's interview transcripts**

Each of the interviews was transcribed verbatim and analysis took the same form as that of the adult interviews using the cut and sort technique (see section 3.6.4, this chapter). Themes were developed relating to research question four. An example of how themes were derived from children's interview transcripts can be found in Appendix 8.

### **3.6.7 Analysis of visual data**

Given the sensitive nature of domestic violence and the limited verbal ability of some children I included drawing activities and other tasks for children to carry out within the research book. These served as a means for further discussion and reflection. In line

with Punch (2002b) I also felt that using a mixture of materials and techniques within the research book would benefit the children in three ways:

- Provide children with time to think about what they would like to communicate.
- Not feel pressured into giving a rapid answer.
- Give children an element of choice and control on how to express themselves.

Using drawings to elicit children's perceptions of their families and support systems also has several advantages; they require no simple right answers, they are non-threatening, they are suitable for children who may give socially desirable responses, and they help identify feelings and desires that children may not be consciously aware of or able to express verbally (Lynn 1986, Faux et al. 1988). Whilst the use of children's drawings has a long tradition in the fields of psychiatry, psychology and education research (see Goodenough 1928, Koppitz 1969, Buck 1981) most of this analysis has tended to focus on the interpretation of the drawing rather than on the child's explanation of what the drawing is about. There are no set rules for the use of children's drawings for research purposes. As Driessnack (2005) observes:

'Once thought of as 'windows' to children, their drawings might better be viewed as 'doorways' thereby inviting an entry rather than a momentary glimpse into children's worlds.' (p416)

Children love to draw, and their work is a reflection of their inner world. Most children do not think about or censor their artwork. Thus, I thought of the drawings created by the children in this research as 'doorways', a way children could express themselves in a way they felt comfortable. The drawings in the research book were never intended to be used as a diagnostic or therapeutic tool, but included in the research book in order to create an opportunity to talk about what had been drawn and to ask the children questions about them. An example showing how themes emerged from children's drawings can be found in Appendix 9.

### **3.7 Ethical considerations and access**

At the heart of ethical social science research there are certain issues that need to be adhered to:

- Obtaining informed consent from participants at all stages of the study

- Ensuring confidentiality for participants
- Ensuring that risks were identified and minimised where appropriate in order to avoid any potential harm to participants
- Ensuring that the study reflected as much diversity as possible
- Ensuring that participants were involved in the study wherever feasibly possible
- Being open and honest with participants.

These key principles govern all research involving human participants, personal data and human tissue: respect for the participants' welfare and rights. Researchers thus have an obligation to ensure that their research is conducted ethically and with the minimum possible risk to all those involved or affected by it. In this study these ethical principles, as outlined by the British Sociological Association and Durham University Research Ethics Committee, were adhered to throughout each step of the research process.

### **3.7.1 Informed consent**

It was crucial that both adult and child participants taking part in the research did so willingly, and understood what it entailed. As noted earlier, an email explaining the nature of the study was disseminated to all Respect member organisations, outlining the rationale for carrying out the study, what would be required from the organisation if they agreed to participate, what benefits might arise as a result of taking part and what ethical issues might arise and how these would be addressed. In all three organisations project managers had given me their fully informed consent, reflected in the way they made their team aware of what would be involved if they chose to participate. The eleven DVPP workers who did choose to participate were sent an email copy of the interview schedule and information sheet and, if they still wished to participate, asked to respond with a convenient time and date for the interview to take place. Theoretically, DVPP workers had given their informed consent based on the information provided to them by their project managers as well as through the research information sheet. However, before the interview began I again asked participants if they understood the purpose of the research and whether they had any questions or concerns. Their informed consent was then recorded by their signature on the consent form and they were made aware that they could withdraw at any time.

Children's consent was sought after two levels of gatekeepers had agreed: Managers of the projects where the children were receiving support and parents/guardians of the

children. Both project managers and parents were given as much knowledge about the project as possible in the form of an information leaflet with consent forms attached. However, similar to McCarry's (2009) research with children it is perhaps somewhat contradictory that, while arguing for the empowerment of children in the research process I effectively marginalised them by seeking their consent only after two levels of consent had already been sought. Also, in contradiction to my children's rights approach, the fact that children often do what adults tell them to do, compounds the issue of authenticity of consent. This makes it extremely problematic if children do not actually want to take part in the research. As David et al. (2001) suggest, children are aware of the repercussions of dissenting to adults' decisions. In this context children's consent to research participation can shade into coercion. In order to mitigate their assumption of compliance, a child friendly information sheet was given to each child to read, outlining the purpose of the research. A statement of children's rights was also included assuring them that they were under no obligation to participate or answer all of the questions if they did not want to, and they could withdraw at any time. The children were also told that they could take some time to decide whether to take part and were welcome to ask me anything they were unsure of. The children's consent was recorded by their signature on the consent form, however I also asked the children before, during and after the research whether they were still happy to continue with the research book.

### **3.7.2. Confidentiality and anonymity**

Conducting research on sensitive topics (Renzetti and Lee 1993) such as domestic violence reinforces the need for close attention to issues of confidentiality, anonymity and ultimately privacy of the individuals and organisations involved in the research. Confidentiality and anonymity may be defined as follows:

- Confidentiality is concerned with who has the right of access to the data provided by the participants.
- Anonymity refers to concealing the identities of participants in all documents resulting from the research.

The issue of confidentiality and anonymity was explained to all involved in the research process. This included project managers, adult participants, the non-perpetrating parent giving consent for their child to be interviewed, and the children themselves. However, the need for confidentiality and anonymity do not simply refer

to information given in the interviews; they also relate to identities and locations. Therefore, in considering my obligations to DVPP workers and the children I interviewed, all personal details were removed and replaced with pseudonyms. The identities of the children, staff and each specific DVPP were thus anonymised.

Putting into place practices of confidentiality and anonymity is crucial when undertaking research on sensitive subjects. The British Sociological Association (BSA) Statement of Ethical Practice (2002) states:

‘Research participants should understand how far they will be afforded anonymity and confidentiality, and should be able to reject the use of data gathering devices such as tape recorders and video cameras.’(para 18, p3)

All participants were thus asked before the interview whether they had any objection to my using a digital recorder. No participant in the study voiced an objection. The importance of giving realistic guarantees of confidentiality and anonymity to participants was also important in this research. The BSA (2002) states:

‘Sociologists should be careful ... not to give unrealistic guarantees of confidentiality.’ (para 19, p3)

For example, in my own research, each of the three DVPPs were subtly different in their individual characteristics, thus anonymity could be compromised unintentionally if the project or an individual participant was identifiable. However, if I were to try to anonymise the project completely and disguise certain characteristics, this could in effect compromise the research. For this reason, participants were informed of the practical limits of anonymity and confidentiality at the earlier stage of giving their informed consent.

While children participating in research should be afforded the same degree of protection regarding confidentiality as adult participants, there is a clear duty to ensure their safety over the guarantee of confidentiality. The National Children’s Bureau (2003) states:

‘Before giving informed consent to participate in research all subjects, especially children, should understand how far they will be afforded anonymity and confidentiality. We believe that there must be limits to any guarantee of

confidentiality or anonymity in situations where child protection is an issue.’  
(p3)

Thus children taking part in research can never be given assurance of complete confidentiality because of the possibility of disclosure of abuse (Mahon et al. 1996). The children in my study were fully informed of this in writing and verbally before consenting to take part. I informed the children that should they disclose information that caused me concern then I had a responsibility to discuss this with their support worker. Because the interviews addressed sensitive data the children were asked to suggest a pseudonym for themselves that I could use in writing up. However, all of the children said they would prefer me to allocate them a name.

### **3.7.3 Data security**

Participants were informed that in order to ensure the protection of confidential information, all data was to be stored securely on a password protected computer and would be destroyed at the end of the project in line with the Data Protection Act (1998). This states that data should be:

- processed fairly and lawfully
- obtained and processed for a specified purpose
- adequate, relevant and not excessive for the purpose
- accurate
- not kept longer than necessary
- processed in accordance with the rights of data subjects, e.g., right to be informed about how data will be used, stored, processed, transferred and destroyed
- kept secure
- not transferred abroad without adequate protection

### **3.8 Reflexivity and emotion**

Despite traditional methodologies that discourage the researcher becoming involved in research in which they hold a personal interest (Wilson et al. 1993), there has been a call in recent years for academics to be more reflexive about the research process. Indeed, one of the key characteristics of feminist research is for the researcher to practice reflexivity throughout the research process and by doing so, recognise how



her own agenda, social background, location, and assumptions can affect the research practice. A reflexive and flexible approach to fieldwork also allows the researcher to be more open to the inevitable challenges raised during the research process, and is as such, an extricable part of the research process (Stanley and Wise 1983). Reflection is, as Stanko (1997) states, 'the process of standing outside and gazing back to see what we can from afar.'(p83) As part of 'reflecting' on the research process, the subject of emotional labour has recently begun to be addressed and is now well documented (Carroll 2013, Seear and McClean 2008, DeVault 1999, Giddens 1993). The specific term 'emotion labour', is now increasingly used within sociological research in association with 'difficult' topics, such as trauma, abuse and death (Campbell 2002, p33). Campbell (2002) has argued that reflecting on emotions can serve two purposes. First, it can more accurately reflect the nature of the research process. If we have emotional experiences as researchers, but don't write about them, then we have not truly reflected the process of inquiry. Secondly, in writing about them, we capture the actual lived experiences of researching human behaviour (Campbell 2002, p26). Carroll (2013) has further argued that researchers' investment of emotional labour needs to be acknowledged within academia and incorporated into social science research. Being methodologically rigorous and being emotionally engaged do not have to be mutually exclusive (Campbell 2002, p124). In this section I offer some reflections on my interviews with children including some of the experiences that challenged me emotionally throughout the research process. These, I believe, are an integral part of conducting research about 'other' lives (Liebling 1992).

### **3.8.1 Researching violence against women**

It was my earlier life experience that in some ways paved the way for my research interest in violence against women and provided me with an insight into my own ontological awakening, through being subjected to domestic violence as a young mother with two children. This, with hindsight has been the genesis of my research in this area. It also demonstrates how 'we' are but actors in our own 'life production' (Gray 2003 p265). As Lofland and Lofland (1995) state:

'as sociologists we 'make problematic' in our research matters that are problematic in our own lives.'(p13)

Having spent many years in my field undertaking qualitative research with domestic violence and sexual violence service providers and service users, I have endeavoured throughout to see the world through the eyes of others using myself as a research instrument (Dickson-Swift et al. 2009). Following Gilbert (2001), I experience my research 'intellectually and emotionally', taking into account both the thinking and feeling aspects of emotion. Subsequently, my research is not solely an intellectual exercise but a process of explanation and discovery that is felt deeply. Given this experience I am well versed in the problems of access, power relationships, confidentiality and the emotions involved in researching the topic of violence against women. At the onset of this study however, I was acutely aware that despite the wealth of experience I had in interviewing adults, I had no experience of interviewing children. This was unknown territory to me and despite my experience of researching women affected by domestic violence, I correctly anticipated that this area of work would be very different from my usual area of work with adults. Principles and approaches such as the process of obtaining and establishing consent, research tools, and numerous other child-centred issues would all need to be considered. My theoretical feminist methodological position however, stood firm. I identified with the children and considered them to have expert knowledge on the phenomenon being studied (Harding 1986, Punch 2002a, McCarry 2005).

### **3.8.2 Reflections on the process of interviewing children**

The power imbalance between researcher and researched is documented elsewhere in this chapter, however, there are additional considerations when interviewing children. I sought to address the power imbalance by tailoring my approach to suit each individual child on a case-by-case basis. For example, it was the children who decided where they would like the interview to be held and where they would like to sit. If they chose to lie on the floor, for example, I would join them and this would be where the interview took place. All the children chose a venue that was familiar to them for carrying out the interview. Eight children chose to be interviewed in their own home, two children chose the project premises, and one child was interviewed at school. In recent years there has been much debate about what the adult role should be when researching children. Should researchers adopt the least adult role (Mandell 1991) or should there be a straightforward adult/child divide? (Harden et al. 2000). My own position draws from ideas presented by Christianson (2004), who suggests that it may be more helpful to be an 'unusual adult'. Children live in a society alongside adults in a symbiotic relationship. I therefore chose to enter the research environment as an

empathetic and caring adult and to develop a relationship built on trust and mutual respect. This also meant giving of myself.

Several interesting lacunae arose out of the piloting phase which paved the way forward for my approach with the final sample: firstly, it became clear that some children (particularly those with autism or other related disorders such as ADHD) are more interested in, and engaged by, their own thoughts and sensations, than by other people, often lacking the ability to concentrate on the task in hand. While this was not necessarily a problem, it meant that I often had to take regular breaks and engage with the child in his/her particular focus at the time. Stopping the tape became commonplace. Drinks and snacks had to be consumed, the family pet was introduced to me and made a fuss of, and children's academic and sporting certificates were proudly shown to me. The level of one child's swimming achievements made my own swimming capacity look paltry in comparison, which caused much mocking and taunting about the fact that I could only manage to swim a width of the pool! During these breaks I would ask the children whether they were feeling 'okay', whether they wished to continue with the research book, and praised them often for agreeing to talk to me. These diversions, while lively and amusing meant the interview often lasted much longer than I intended and subsequently I could never anticipate how long each individual interview would last, and therefore could not schedule interviews in a 'back to back' fashion. An issue I had not anticipated emerged when one of the older children in the pilot study suggested they found the research book 'babyish'. I listened intently to her objection to using the research book and we decided together that for future interviews with older children I would devise a separate interview schedule and allow each individual child to choose the type of interview they would prefer.

### **3.8.3 Establishing rapport**

Some of the children asked me questions regarding my own experiences of domestic violence and about my children. Recognising the personal nature of the information I was asking them to reveal, I readily answered questions about my life and shared my thoughts and experiences. Consistent with reports of other researchers, I found my honest and open answers to their questions to be a natural response to the curiosity of the participants, in effect helping to build the relationship and increase rapport (Sanders 2006, Liamputtong 2007). It was also important for me to be honest with the children to balance the power relationship between us as much as possible, even though this was at times uncomfortable. For me, establishing trust and rapport was

one of the most important elements of my field work and was a central concern for me throughout the whole research process. Morrow and Richards (1996) have asserted that children need at least some level of familiarity with the researcher before they will feel comfortable in relating their experiences. Yet, whilst the literature affords many strategies for the researcher on how to go about building rapport, there is no one strategy to be employed in achieving a child's trust. From the outset I used an interactive, participatory style of communicating, allowing time and opportunity for the child to feel comfortable. The task of drawing also served as a relaxant for the child and thus enhanced communication. I observed that, as the children were drawing, they became absorbed in what they were doing but were also able to carry on a casual conversation with me about their drawings. Driessnack (2005) has argued that too often researchers disregard the words children use to explain or accompany their drawings and instead substitute their own explanations. I was mindful of this and as a way to value their views I maintained eye contact, reiterated comments they made and added a positive reflective remark such as 'that's a good idea'. I allowed the children themselves to be in control during this drawing phase, and when asked about the image they had drawn they were able to talk openly and freely about it. I believe that by taking this approach the children revealed more information and detail about the emotional events they had experienced, and in turn needed fewer prompts from me during the interview process. During the draw and talk I was also mindful of the children's body language, for example if they looked puzzled at something I asked I would rephrase the question. In essence, the whole experience of researching children required me to step back from my own adult perspectives, views and usual modes of practice, and to constantly question my role, assumptions, choice of methods and the application of the research book throughout the whole research process (see Davis 1998, Punch 2002a). The process required me to be more flexible when gathering my data than I would be with an adult. At first this was difficult. I was worried about getting behind in my schedule and the field work taking longer than I had allowed for. However, I knew I had to be open to new ideas, make more careful observations and assessments on what was and was not working, and above all be prepared to adapt my technique according to how well the children were engaging. One of the findings of this study, however, is the extent to which children have been previously ignored on the issue of their fathers' participation in a DVPP. It was clearly well within the capacity for all of the children in this study, regardless of age, gender and family background to articulate their views on the impact of the DVPP on their lives and what they want from their father on his completion of the programme. Throughout the study I felt the children appreciated having their voices heard and

being allowed to reclaim their narrative. In doing so, their narratives showed their resilience, courage and commitment to improving DVPP services for other children.

#### **3.8.4 Emotion, children and fathers**

Undertaking sensitive research can present a multitude of challenges and dilemmas for the researcher, for example, subjectivity and the researcher's own emotional well-being have all been well documented within the literature (Campbell 2002, Seear and McClean 2008, Dickson-Swift et al. 2009, Carroll 2013). The catalyst for my own emotional awareness in this study came early in the process of carrying out the literature review. Reading articles that focused on the impact of domestic violence on children was difficult and caused me to consider my own self-care during the imminent field work. I was also stimulated to write a reflective diary, by a colleague working at the university, who had herself recently undertaken sensitive research. She used the diary to reflect on her research practice and the impact of the research on her own emotional well-being. In order to reduce the impact and ensure I was not adversely affected by the interviews with the children I prepared for this by firstly ensuring I had access to informal support networks. I was very lucky to work within an excellent research team headed by two feminist academics, with a wealth of experience of research on violence against women and children, with whom I could speak about the emotional dimensions of the research project. I could also access children's support workers at each of the projects if I had any concerns for individual children. These networks became invaluable to me in undertaking the emotionally challenging work of interviewing children on this issue and enabling me to explore the emotional nature of the work I was doing.

#### **3.8.5 Dealing with disclosure**

The interviews themselves elicited my empathy and a sense of connectedness to the children. I felt touched by their experiences in a very personal way, which often left me emotionally affected. At times, the interviews left me with feelings of exhaustion and tiredness, feeling overwhelmed by the nature of the data. Hochschild (2003) talks of emotional labour requiring 'surface acting' (stimulating emotions that are not felt) and 'deep acting' (feelings that are actively induced). For much of the time the interviews required a certain amount of surface acting, however, at times I felt I had to push my intense emotions down during distressing situations. This happened when interviewing James, a 12 year old boy whose father had completed a DVPP and was

currently attending a weekly follow up programme. James was a polite and serious boy who answered the questions I asked precisely and eloquently. Despite my best efforts I found it difficult to create rapport with him and he appeared somehow distant. At the close of the interview, and after the mini recorder was switched off, (as is often the case) James asked if he could talk to me about something worrying him. I told James this was fine and reminded him of the confidentiality boundaries. James proceeded to divulge information about his home life and particularly the behaviour of his mother. I was not expecting to encounter the issue of emotional maltreatment by a child's mother in this research and was shocked and saddened by James story. While most of the children in the study had recounted painful histories to me, James' story was different and I experienced a range of emotions afterwards. On reflection, I feel I was unprepared for the degree to which I would be affected by interviewing the children. I was thankful that the DVPP worker who had driven me to the interview venue was immediately accessible for support afterwards and he assured me that James too would receive support. I realise that it is not uncommon for both adults and children to disclose sensitive information to 'strangers' (Jourard and Lasakow 1958), however the implications of this for researchers has not been adequately addressed.

#### **3.8.6 Emotional labour**

Emotional labour is rarely recognised, honoured or taken into account by employers as a source of job stress, particularly for female researchers who enact an often invisible emotional labour (Reay 2004). During the period of conducting interviews I was also trying to complete the transcriptions of interviews previously carried out. I was aware that I was running behind schedule and needed to catch up to reach the deadlines I had set myself. On reflection, it was during this period that I was most emotional to the impact of the research. Several times during transcribing or reading through the transcriptions I reflected back to my interview with the particular child, saw their face in my mind and wept at what I was reading. Like Hearn (1998), I have to agree that doing research work in this field is often very unpleasant. My move from the relative safety of 'thinking about men's violence' to the vulnerability of 'feeling about men's violence' was a far greater challenge than I had allowed myself to appreciate. I had thought that I could shut off any feelings I may develop whilst interviewing the children. I perceived myself invincible because I was doing research on a topic that I had been studying for a number of years and which no longer affected me; how wrong I was. Like Campbell (2002) I can now reflect and clearly identify 'moments in the research

project where the cool intellectual boundaries of knowledge melted into an undifferentiated puddle of anger, hurt, fear and pain.’ (Campbell, 2002 p39)

‘Burnout’, is a stress related reaction to emotional exhaustion (Maslach 1982). For this reason, and also because my interviews took place in three different geographical areas across the UK, I tried to make time and debrief with my support network, although this sometimes proved difficult. Unexpectedly, I also began to reflect on aspects of my own adult children’s lives and how they were affected by the domestic violence they experienced many years ago when they were young children. The interviews with the children in the study evoked a strong feeling of latent protectiveness towards my own children and I felt a strong need to connect with them more during this phase.

### **3.8.7 Dancing with the devil**

It was during the course of one of my visits to the South West DVPP, that I was invited to attend one of the DVPP sessions with perpetrators that focus specifically on the impact of domestic violence on children. The session was to be held in the evening between 7pm-9pm. Given that I had spent the day and the previous day interviewing children whose accounts of domestic violence were still fresh in my mind, I was hesitant about meeting and interacting with the perpetrators of their abuse. I was aware, however, that the opportunity to observe this session would present a valuable insight into my perception of domestic violence perpetrators and could enhance my own understanding of domestic violence perpetrators as fathers. I therefore agreed to attend the session on the basis that my role would solely involve observation and note taking. I was briefed beforehand on the session content, which was scheduled for two hours. In this time a short film would be shown on the effects of domestic violence on children, a break for refreshments and a discussion about the film, followed by a further discussion on how domestic violence impacts on their own children. In some ways, research with both victims and perpetrators of domestic violence involves a kind of splitting on the part of the researcher.

In the pursuit of knowledge the researcher often has to play a dangerous game of ‘dancing with the devil’ by engaging with those holding the ‘knowledge’. Moreover, she has to enter the room and exchange in polite conversation, at the same time resisting any show of emotion; pretending not to ‘feel’. The session began with the facilitator introducing me and I explained to the group what my research entailed.

Each of the twelve men in the group introduced themselves to me, with three of the men commenting on the fact that I had recently interviewed their children. I felt very uncomfortable about this as I had connected emotionally with the children and built up an empathy with them over the course of the previous two days. It was subsequently perturbing to come face to face with the men who had caused them so much harm and this was at times excruciatingly uncomfortable for me. Whether this was apparent to the group I do not know, but at times I wanted to scream at these men and ask them, *'Who did they think they were?' 'Did they not realise the impact their behaviour was having on their children?'* Instead, I sat there and listened to the group talk about their week and how they were 'managing' their violence. After the introductory part of the session, the film was to be shown regarding the effects of domestic violence on children. After some initial banter between the men whilst the TV was being set up, I noticed they fell silent when the film began and the children on the screen started giving their accounts. As a social researcher, who had by this time reviewed much of the published academic literature on the effects of domestic violence on children, I was surprised how powerful and hard hitting the film was for me. At the end of the film several of the men commented that the film had been extremely difficult to watch. At the time these comments seemed bizarre to me. After all, how could they possibly not know the effect that their power and control was having on their children? I was keen to observe the discussion that would ensue. A refreshment break followed, with two of the men whose children I had interviewed that day asking me to divulge some of the comments that their children had made. I explained that I could not (and indeed would not) divulge this information due to ethical issues around confidentiality. This explanation seemed to suffice. The group reconvened with the facilitator asking the men to voice their views on the film. During this exchange I noticed that a few of the men fell silent, eyes diverted to the floor. What happened during the next hour questioned everything I had ever felt as a researcher studying the topic of domestic violence and my feelings about male perpetrators. Several of the men openly wept while recounting stories of domestic violence from their own childhood. Most of the men were open and honest about the impact it had had on them while the expertise of the male and female facilitators encouraged those less vocal to engage.

The last part of the session was devoted to how the men were able to recognise the impact of domestic violence on their own children. I observed that this part of the session was the most painful for many of the men and I was surprised at the outflowing of raw emotion. By the close of the session, I was aware that most of the men were emotionally drained and my perception of many of them had changed



dramatically during the course of the session. The complexity of the emotions I felt during my observations were indeed unexpected and opened my mind to the possibility that for some men, these sessions were a catalyst for an enhanced awareness regarding the impact of their violence on their children. From my interviews with DVPP workers I was aware that one of the most powerful mechanisms for forming groups, with the mandate to address gender-based violence, is that they provide fathers and young men with a sense of belonging and some protection against trying to counter the hegemonic culture as individuals. For the first time I was beginning to see signs that men were beginning to develop an insight into the severity of their behaviour and able to make a connection between their own experience of abuse in childhood and that of their children. Sometimes, aspects of researching domestic violence get under the surface of your skin and 'hit home'. I had not anticipated 'feeling sorry' for the men and I was troubled by the complexity of my feelings for them. This flew in the face of everything I thought I 'knew' about perpetrators of domestic violence. I would say that my experience of undertaking this study was far from a tidy, straightforward and disembodied process. Rather it was a complex, difficult and sometimes painful, yet rewarding, undertaking that has had a profound personal impact on me.

### **3.9 Summary**

In this chapter I described the research methodology and the theoretical approach undertaken including an explanation of the research framework. I then described the research design, including a detailed description of the research process, the sampling strategies utilised and the methods adopted for data collection. I moved on to describe how the data was analysed and a discussion regarding the ethical considerations of undertaking sensitive research with children. I then closed the chapter with some reflections on interviewing children, the emotional labour involved in this type of work. I now move forward to discuss the research findings. These are presented in a series of four chapters, interweaving the current literature with the empirical data. The first of these chapters (chapter four) reveals the findings from a survey of service providers, mapping the direct and indirect support work being carried out with children experiencing domestic violence.

## **CHAPTER FOUR**

# **A Survey of the Nature and Extent of Direct Work with Children**

### **4.0 Introduction**

This chapter reveals findings from the first phase of the research project; an online survey. This was conducted in order to provide a general scoping of the nature and extent of direct work that is undertaken with children of men who attend a community-based domestic violence perpetrator programme. This research phase relates directly to question one of the overall research aim:

‘To what extent are domestic violence perpetrator programmes working to support children whose father is participating in a programme?’

Working in collaboration with Respect (the UK Association for domestic violence prevention programmes and integrated support services), the survey was designed and emailed to all 114 Respect member organisations across the UK. The survey consisted of a list of questions based around services for children, for example the types of work undertaken (i.e. one-to-one, group-work, or outreach) and the reasons why some organisations do not undertake work with children. The survey also sought to reveal the number of children who benefit from this work, the age range of the children and the sources of funding and grants used by projects to finance this work. An online research tool (Bristol Survey Online) was used to create a survey, which was then distributed by Respect, via email, to managers in all of their member groups. Of these, 44 agencies responded.

### **4.1 Programmes providing a direct service for children**

The first question asked was:

Does your organisation provide a direct service to children? (We are assuming that all programmes are providing indirect services to children via their work with dads/father figures. This survey is therefore only about any direct services you provide.)

All agencies responded to this question (n=44), and exactly half (n=22) stated that they did provide a specific direct service. According to individual agencies' responses to this question, these were filtered down one of two routes:





- a) if no, their reasons for not providing a direct service, and
- b) if yes, a follow-on set of questions.

Although this question referred to programmes and work with men, it is clear that some partner organisations, who are also members of Respect, have also responded to the survey. This means that while there are domestic violence organisations providing direct work with children, these are not directly linked to a DVPP.

## 4.2 No services

The 22 agencies who said they do not work directly with children were asked to indicate their reasons. The table below shows the responses from the 17 organisations responding to this question.

**Table 4.1 Reasons for not providing direct services to children**

There is an existing service in the area:		1
Lack of funding/capacity:		8
Don't see it as part of our organisation's mission or objectives:		4
Other ( <i>please specify</i> ):		4

The most frequent response (n=8) was that a lack of funding/capacity prevented them from directly providing a service to children, with a further four noting that this was not included in their organisations' mission or objectives, and one organisation is located in an area where there is already an existing service. None of the participants stated that their organisation lacked knowledge and skills in this area, and none had concerns regarding the legal implications of this type of work.

Four organisations indicated 'other'. Of these, two stated that the funding they receive is for work with perpetrators/partners only; one explained that they provide support and training to other organisations who do direct work with children, and another that they have no statutory involvement with children. Arguably, all of these could be subsumed into the existing categories revealing that either availability of funding (and/or its

criteria) or organisational objectives represent the primary barriers to undertaking direct work with children.

### **4.3 Direct services**

The 22 agencies, which provide a direct service, were asked to indicate by which route children are referred. Some organisations indicated that referrals came through more than one channel and one organisation did not answer this question. There was a range of ways in which work with children took place:

- ten provided a service to any children who were referred to them;
- three only provided support to the children of men on perpetrator programmes;
- three provide domestic violence awareness raising in schools;
- one indicated that they worked with children through their links with the local domestic violence forum - this entailed providing support for children aged 8-14 years who had previously lived with domestic violence but where the perpetrator had left the family home for at least six months;
- one, with close links to the probation service, provided floating support for victims of domestic violence and their children;
- one provided parent/carer and child programmes specific to domestic violence.

### **4.4 Age range of children**

The age range of children receiving services varied. The most common age group that agencies provided services for was children aged 4-17 years.

### **4.5 One-to-one work**

Sixteen organisations provided one to one work. This work was most frequently funded by a local authority (seven organisations) or Comic Relief (six organisations).

### **4.6 Group-work**

The same number ( $n=16$ ) ran group-work sessions for children. Therefore, it appears that one-to-one work and group-work sessions tend to be the most popular types of work undertaken with children. The two different types of work, however, are not

always carried out by the same organisation. Again, the most frequent funders of this work were local authorities (four organisations) and Comic Relief (three organisations).

#### **4.7 Assessments**

Ten services provided assessments for children (it is debateable whether or not this is a 'direct service' although it does involve direct 'work'). This was often funded by a local authority (three organisations) followed by Comic Relief, Department of Health and Charitable Trusts (each two organisations). The table at appendix 8 shows the source of funding for this type of work. Note: several services received more than one type of funding.

#### **4.8 Outreach**

Six organisations provided outreach to children as part of their service. This was most often funded by Comic Relief (four organisations), followed by a local authority (three organisations).

#### **4.9 Other services**

Participants were asked if, in addition to the type of services specified in the questionnaire, they provided any other type of service for children. Four organisations responded here:

- one provides supported housing for young people age 16-21 years;
- one undertakes play work with children in refuges;
- one carries out preventative work in schools and youth work settings;
- one referred to parenting support for the non-abusing parent, although this is a more indirect service for children.

Similar funding sources to those noted above were cited, with each receiving the monies from a different source.

#### **4.10 Discussion of findings**

Managing the accreditation of perpetrator programmes through its Accreditation Standards (2008) remains a central and important part of Respect's work. Alongside

this, and in line with international best practice (Respect 2008), all partners of the men who are referred to a DVPP are contacted and offered support by a dedicated women's worker. While I was aware that extending their support for women to include support for children of perpetrators is not a core requirement for accreditation, I was curious to find out the nature and extent of work that was being carried out with children by Respect accredited programmes across the UK. Given that work with men and support for women can be argued to be an indirect service to children in that it aims to decrease violence and abuse, I was keen to explore what types of direct work were being carried out to help increase children's safety. I felt positive that I would find a significant number of services across the UK offering this support to children and that this would increase my stratified sampling for the next phase of research.

Findings from the survey, however, revealed that despite a desire to improve the situation of children who have experienced domestic violence, few Respect member organisations provide direct support services for children of men who are participating on a domestic violence perpetrator programme. Only half of the 44 organisations said that they were undertaking direct work with children who have experienced domestic violence. This work was carried out through various channels; preventative work in schools, with any child who had been referred, where the perpetrator had left the family home, floating support, and parent and child programmes. Despite the overall aim of perpetrator work being the prioritisation of the safety of women and children, only three of the organisations who participated in the survey carried out direct support work with children whose father is participating in a DVPP.

Overall, this survey has found that very few services are available for children still living with the perpetrator. The lack of engagement with children in families who do not seek refuge, where parents choose not to separate, or where the perpetrator attends a domestic violence perpetrator programme constitutes a large gap in service provision. There are certainly many cases where domestic violence has come to the notice of children's services where the perpetrator and the victim continue to live in the same household with their children. In recent years studies have highlighted this fact. For example, the numbers of children living in the same household with a domestically violent father was revealed in the Scottish Crime and Justice Survey on Partner Abuse 2008-09 (MacLeod et al. 2009). The survey found that a third of those experiencing domestic violence in the previous twelve months had dependent children living with them at the time of the most recent/only incident.

The Government's National Domestic Violence Delivery Plan (2007/08) makes explicit reference: 'Women's safety work is an integral part of the accredited perpetrator programmes' (p6), yet there is no explicit reference in this that encourages the integration of safety and support work with children into perpetrator work.

It is positive however, given the absence of any statutory requirement to provide support for children whose father is participating on a DVPP, that there do exist small pockets of good practice in this area within some DVPPs. The three DVPPs in the survey who *do* provide direct support for children, whose father is participating on a programme, are excellent examples of good practice. Following their participation in this quantitative survey, all three programmes agreed to participate in the qualitative element of this study. As the following chapters will reveal, the work undertaken with children whose father participates in a DVPP constitutes a major positive outcome for children. Suffice to say however, these small pockets of work are the exception rather than the rule in the UK. As the survey shows, most DVPPs tend to focus on working with men and supporting women (and by proxy, children) while failing to acknowledge the specific experiences of children and their need for support.

A further concern that arose during the period of this survey was the impact of austerity measures. Cuts to domestic violence services have increasingly caused concern with many DVPP workers worried about the capacity of their organisation to take on the ever growing numbers of referrals. It is problematic that the rising numbers of referrals, mainly from children's social work services, has meant that all are working within a backdrop of children waiting for support. The survey revealed that while many programmes support the need for this type of work and would like to address this gap in services, they are severely hindered by funding difficulties. The survey also found that, as is often the case with domestic violence services, they are often reliant on diverse third sector funding sources or short term local authority commissions. Subsequently, a general lack of funding and the restrictions placed on available funds were cited as the main reason for not providing work with children. National austerity measures have also meant that local authority funding is likely to be cut further and services will have to provide more for less. Traditionally, Councils have funded domestic violence interventions through their Supporting People budgets, however this is no longer ring-fenced, leaving services particularly vulnerable to the impact of larger cuts in central government funding for councils (Community Care 2012).

A further problem lies in the fact that domestic violence services in England are provided mainly by voluntary agencies and, unlike those in Scotland and Wales, have no dedicated funding stream. This has made them easy targets for cash-strapped councils. The effect of these financial cuts on the lives of children who have experienced domestic violence is not yet known. In 2011, Valious suggested that there were already signs of children falling through the ever-widening gaps in services because of a combination of cuts and increasing child protection thresholds. A more recent survey of Women's Aid member services and some non-member services across England found that 48 per cent ( $n=87$ ) were running services without dedicated funding. These services were mostly for children and young people or services for black and minority ethnic (BME) women (Howard et al. 2013). The authors of the report warn that 'without ensuring adequate funding of services across England they [the government] are failing in their duty of due diligence and placing more women and their children at risk.' (ibid p41) As findings from my own survey show, there already appears to be a paucity of direct services for children experiencing domestic violence across the UK, and even fewer for children whose father is participating in a DVPP.

The following chapter will outline findings from participants who work at the three programmes highlighted in this survey, who do provide support for children whose father is participating in a DVPP.



## CHAPTER FIVE

# The Views of Project Workers on the Impact of Domestic Violence Perpetrator Programmes on Children

### 5.0 Introduction

While historically the issue of domestic violence and child welfare have been seen as separate concerns, increasingly over the last two decades these issues have been inextricably linked. Practitioners are beginning to understand the relevance of working with perpetrators of domestic violence in their role as fathers, given that a significant proportion of them are in regular contact with their children (Devaney 2009, Peled 2000). Running parallel to this there has also been recognition in UK policy and legislation that working with male perpetrators can have positive outcomes for both women *and* children (HM Government 2009). While there is anecdotal and project-based evidence to suggest that perpetrator programmes are effective in changing behaviour and reducing risk to the victim (Respect 2013), the literature on the outcomes for children whose father participates on a DVPP remains underdeveloped.

This chapter of my study delineates themes that emerged during my interviews with DVPP workers; risk assessment, including monitoring risk to children; supporting children and the types of direct work carried out within DVPPs; the content of men's programmes and men's motivation to change; the referral routes into intervention for both fathers and children; and telling children about their fathers' participation in a DVPP. Finally, I discuss these findings in relation to the outcomes for children of their fathers' participation in a programme and the implications of perpetrator work for Children's Services.

### 5.1 Research question and themes

Using semi-structured interviews with programme staff, the research question relating to the overall aim asked:

‘To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children and how does this affect the motivation of men?’

Eleven interviews were undertaken with project workers in three UK community-based domestic violence perpetrator programmes with integrated support work with women and children (sample description of interviewees can be found in appendix 10). Interviews with workers followed a semi structured interview schedule, which addressed the following four questions:

- How do DVPPs manage the risks posed to children?
- What is the nature and scope of support for children?
- What affects the motivation of men to change their violent behaviour?
- Nature of referrals?

Semi structured interviews were transcribed verbatim, and from this, five analytical themes emerged. These were:

- Risk assessment
- Strategies for supporting children
- The men’s programme
- Referral routes
- Telling children about fathers’ participation

These themes are discussed below, according to the frequency with which they were present across the sample.

## **5.2 Risk assessment**

Effective assessment of risk to women and children is an essential component of any domestic violence intervention service in order that differences can be identified and the appropriate management, support and treatment interventions can be allocated to specifically meet the needs of family members (Ver Steegh and Dalton 2007). A number of approaches and models have been developed and there are currently several instruments currently in use for assessing risk of domestic violence (see Newman 2010, for an overview). Respect have adapted the Risk Identification

Checklist (RIC), which was developed by CAADA (Co-ordinated Action Against Domestic Abuse) for use within the Multi Agency Risk Assessment Conference (MARAC), and recommend that all Respect Integrated Support Services (ISS) working with victims of domestic violence, including partners and ex-partners of people on group-work programmes need to gather information and use these records regularly. Respect accredited perpetrator programmes categorise risk factors across four dimensions:

- The perpetrators history of domestic and other violence
- His alcohol and drug use
- His attitudes to his abuse and levels of denial
- The impact of any exposure to violence on his or his partners' children

The initial assessment then informs the management of the risk and is reviewed when:

- A birth of a child/pregnancy occurs
- A new incident of physical or sexual violence is revealed in group-work or support for victims
- Separation
- Child contact dispute
- Increased misuse of substance
- Threats to kill or access to a weapon
- New assault
- Victim's fear or depression
- Perpetrators depression or other mental health problem
- Workers' perception of changes in risk (Newman 2010)

### **5.2.1 Assessing children's safety**

When asked about assessing the risks to children experiencing domestic violence, DVPP workers were unanimous about the need to engage with and support children whose fathers were participating in a DVPP. It was clear from all participants that the safety of the child is always paramount:

‘We will only work with a young person whose dad or stepdad is on the programme after a complete risk assessment and multi-agency discussion to ensure that it will be safe for us to work with the young person. We need to ensure that the young person will be safe should she/he challenge their dad’s behaviour. It should be remembered that the safety of women and children is our prime aim.’ (M. Men’s programme facilitator)

I asked DVPP workers how soon support can be put in place for children, once they have been identified as in need of support. The time span for this ranged from just a few weeks to a maximum of 20 weeks.

‘The perpetrator has normally been participating on the group for a few weeks. This is because we like to assess what the relationship is like. We cannot put the child at any risk whatsoever.’ (K. Children’s support worker)

‘We don’t put support in for a young person until we have evidence that dad is no longer a danger to his child(ren). This is on a case by case basis normally after a minimum of 20 weeks.’ (M. Men’s programme facilitator)

### **5.2.2 Monitoring risk: Inter-agency working**

A co-ordinated approach is crucial in monitoring risk. Research has shown that in order to ensure that women and children are properly protected and adequately supported, service providers need to work together, sharing information and combining skills (Hester and Westmarland 2005, Mullender 2004). Traditionally, domestic violence towards women as mothers, and the abuse of children within the family were treated as separate issues. In recent years, the development of a focus on safeguarding children has given an impetus to multi-agency collaboration and multi-disciplinary working in the area of domestic violence (Hester et al. 2007). It was evident from the data that a co-ordinated multi agency approach to monitoring risk was central to the safety of victims. In interviews with DVPP workers the subject of their collaborative work with other agencies was a common theme:

‘We also require evidence of change from other agencies. We need to ensure that children are not at risk of harm from their dad.’ (M. Men’s programme facilitator)

‘And of course we have MARAC as well. We know when men are a danger to their kids and we have a lot of safety measures in place to monitor that. So far we have never ever put a child at risk.’ (K. Children’s support worker)

### **5.2.3 Managing men’s risk**

The denying and minimising of violent behaviour by domestic violence perpetrators has long been a key problem (Brandon and Lewis 1996, Farmer and Owen 1995, Milner 1993, Maynard 1985) and as such, poses a challenge for facilitators working with violent men. It is therefore important that a woman’s view of their partner’s dangerousness is included in any risk assessment of the perpetrator. Evidence of this importance comes from the findings of Gondolf’s (2002) multi-site, four-year follow-up evaluation of US perpetrator treatment programs. His findings revealed that:

‘Women’s perceptions of safety and the likelihood of re-assault [emerged as the] most consistent and strongest risk marker. In fact, the women’s predictions were as useful as all the batterer characteristics combined.’ (p174)

The reports of partners and ex-partners are thus imperative in keeping children safe. DVPP workers spoke of the value they place on the role of the Women’s Support Worker and her relationship with partners/ex-partners of men on perpetrator programmes:

‘It would be far more difficult for us to work with children if we didn’t have the women’s safety worker because then we wouldn’t know if we were keeping children safe. It’s really important that the women’s safety worker gets feedback off mums about the perpetrators behaviour.’ (K. Children’s support worker)

Gondolf’s multi-site evaluation found that 95 per cent of women expected their partners to complete the programme - yet less than two thirds completed three months of programme sessions. The very fact that he is attending a perpetrator programme might lead a woman to have unrealistic expectations and make unsafe choices regarding her relationship that she wouldn’t otherwise have made. The role of the women’s support worker in sharing information with women about the progress of the perpetrators engagement with the programme is thus central to safety of women and children and an important factor in managing risk. One Women’s Support Worker told me:

‘My job is risk assessing all the time. I am very aware of the children’s part in witnessing domestic abuse. I get to know all sides of the story obviously in working closely with the co-ordinator of the perpetrator programme, the children’s workers and the women.’ (C. Women’s Support Worker)

#### **5.2.4 Monitoring men’s engagement as an assessment of risk**

Monitoring men’s engagement with the programme is one way that DVPP workers assess men’s level of risk. I asked workers how this was carried out in practice:

‘Every week there has to be a report written on the guy and every week we have to put a note in about the children. Every six weeks we do an end of module assessment and score them on what we think the risk is and we give them a low, medium or high risk.’ (K. Children’s support worker)

One programme facilitator gave me an example of how some men refuse to acknowledge their behaviour. Despite attending the group for 13 weeks and the fact that his children are on the child protection register, he continues to deny the negative impact of his violence on his children. She said:

‘This man is not allowed to see any of his children because social services think he’s a threat to them. When I asked him why, he told me ‘I don’t know, they [social services] assume that I’ve done something to them, but I’ve never done anything wrong.’ (A. DVPP facilitator)

Working within a co-ordinated community team and sharing information with other agencies, this worker was able to identify that the perpetrator had issues of denial. She went on to say:

‘I do know for a fact of one incident where he told his wife and child that he was going to pour boiling hot water over them. He went into the kitchen, pretended to boil the kettle and came back and poured the cold water all over them. This guy is now telling me that he hasn’t done anything!!’ (A. DVPP facilitator)

### 5.3 Supporting children

As the previous chapter shows, there are significant gaps in services that offer direct support for children who have experienced domestic violence in the UK. A London based study undertaken by Radford et al. (2011) looked at the needs of children living with domestic violence in the area and found that:

‘Children living with their mother and the perpetrator are likely to have a high level of need, but are least likely to receive support. Professionals interviewed were unsure about what support could be offered beyond providing advice and safety planning under such circumstances.’ (p20)

While Respect standards state that accredited voluntary sector perpetrator programmes need to ensure that there is parallel support in place for current and ex-partners of the perpetrators, support is not mandatory for the children of perpetrators. The three community based voluntary sector DVPPs who took part in this study however, showed an excellent example of good practice by recognising the need to work holistically with the family as a whole. The types of direct work undertaken with children are shown in table 5.1 below.

**Table 5.1 Types of work undertaken with children**

Area	Age range	Type of support	Duration
DVPP South West	8-16 years	One-to-one and group-work	12 weeks
DVPP Scotland	Up to 18 years	One-to-one and group-work	12 weeks
DVPP North East	3-17 years	One-to-one and group-work	6 weeks

#### 5.3.1 Group-work and one-to-one work

Evaluations of domestic violence group-work for children in the US and Canada have shown positive results (Loosley et al. 1997, Peled and Edleson 1995). A common theme however, for all DVPP workers, was the careful selection of children who would benefit from group-work, rather than one-to-one work. For example, children with similar family circumstances and history of domestic violence are better placed together in groups that deal with their specific issues. This way they have a sense of commonality and can experience the inclusiveness of having lived through similar experiences.

‘Sometimes they think they are the only one going through this so a group situation is often better for them. Or, they might have been in a group and when they come to the review we might feel they would benefit from one-to-one sessions. So it’s on an individual level.’ (L. Children’s support worker)

Those children who are selected for group-work are closely monitored throughout the sessions in order to identify those who are struggling to open up and join in discussions. One worker told me:

‘Some children won’t open up in groups. Some children’s needs are so complex that they need one-to-one support.’ (L. Children’s support worker)

One worker gave me an example of how to identify the need for one-to-one:

‘We cover anger within the sessions. [But] if you still feel they haven’t grasped how to deal with it, we can cover this further in some one-to-one sessions.’ (G. Children’s support worker)

One issue that has the potential to be overlooked in terms of safety was having siblings in the same group session.

‘We tend not to have siblings in a group together. You could have a sibling that’s all for dad and one that really dislikes dad. It’s difficult for a child to be honest in a setting where he or she feels anything that’s said may be taken back to dad.’ (A. Children’s support worker)

### **5.3.2 Holistic family support**

An integrated approach involving victim, children and perpetrator is the crux of a co-ordinated community response to effective accredited UK DVPP’s. At the micro level, I was interested to find out how the three separate spheres of working interlinked within the overall programme. A common theme emerged, which revealed effective team working, the pooling of expertise and the sharing of knowledge that linked the children’s work with both the victim and the perpetrator’s work.

‘Our work is intricately tied. When we work in refuges, we work with the women and children together. Outreach is exactly the same, supporting women and children together. We share information as well, and sometimes



children are more likely to tell you the real story rather than what the women tell you. So we get a lot of information from the children. We work a lot on helping both women and children cope.’ (R. Children’s support worker)

One worker gave me an example of how the content of the sessions within children’s work overlaps with the content of the men’s sessions:

‘They are all learning to identify the same things about abuse. We ask men how they feel when they get angry. We work with the children on the same issues. We ask men what they do when they get angry, and we ask the little ones the same thing. Often they will manage their anger the same way as dad, kick the door or smash something. That’s how they think you are supposed to deal with it. We try to offer them an alternative.’ (L. Children’s support worker)

Protecting what children say in the confidence of one-to-one or group-work with children’s support workers is crucial. The safety of children cannot be compromised. However, as previous research has shown (McGee 2000), children do not want to be silenced on the issue and they often have something they would like to say to the perpetrator. I asked participants whether the work done with children links in with the men’s work and whether children are given the opportunity to have a voice:

‘We don’t do that as a rule, but if I was working with a young person who really wanted to tell their dad something, I will speak to the programme facilitator and we would come to some arrangement about how we could do that. Obviously we would need to look at safety issues first and foremost.’ (L. Children’s support worker)

Other workers were emphatic in their reasons for not encouraging a link between children’s work and men’s work:

‘No, the reason is that if the children are fearful, will they be honest enough to say what they feel in front of their dad? Could it make the situation worse? The man could turn on the child when they got home and say ‘you shouldn’t have said that’. You always have to make sure that mum and children are safe.’ (A. Children’s support worker)

One children’s worker said they would raise any issues children may have with the men’s worker so that this could be incorporated into the men’s session:

'I don't think so, no. But then again if the man was having a one-to-one session and the children's worker was having issues then they could speak to the men's worker and they would incorporate it into the session. I don't think this would happen in a big group because they wouldn't single a man out, to say your child has said this and this.' (D. Children's support worker)

### **5.3.3 Children's support: Session content**

Interviews with DVPP workers thus sought to reveal what strategies had been designed to address children's exposure to domestic violence within the content of their work.

'Within the group setting we look at exploring domestic abuse, putting safety plans in place, about how they feel. And, there is the opportunity for them to open up and tell their story, looking at different ways of dealing with the situations themselves.' (M. Children's support worker)

Overwhelmingly, participants mentioned the strategies used to help children cope with their feelings and deal with their anger. Participants spoke of how both one-to-one and group-work sessions work on giving children a language to talk about their feelings and experiences through varied creative and playful activities.

'We do a 'getting to know you exercise' and all the workers take part in the activity. Obviously we talk about domestic abuse and the message that we try to get across is that it's not their fault.' (K. Children's support worker)

Almost all DVPP children's workers mentioned the tendency of children to blame themselves for the domestic violence. One worker said:

'A lot of the time they think 'if I didn't behave in a certain way or if I was quieter it wouldn't happen'. So we try to get across that dad is an adult and he chooses to behave in this way. He makes choices and you can't change his behaviour.' (R. Children's support worker)

Through support, both in group-work and one-to-one, children learn that domestic violence is not their fault and that they are not alone in their experience. The knock-on effect of this learning subsequently helps to build self-esteem and enables children to

see themselves differently. Several workers, however, mentioned how children sometimes mimic the behaviour patterns of their father believing it to be an appropriate response:

‘We work on their feelings and emotions. Children have really low self-esteem because of it and we work on their self-esteem. Some children mimic the behaviour patterns of abuse so we work on what to do when you’re angry...in a positive way.’ (L. Children’s support worker)

It was clear that workers were aware of the commonalities between domestic violence, bullying and ‘dating’ violence; and the issue of bullying was addressed and considered within content sessions. Tackling bullying without losing the gendered content of men’s violence against women complements the values, purposes and aims of working with children on the issue of domestic violence:

‘We have to work on bullying because a big part of it [domestic violence] is bullying and controlling behaviour.’ (D. Children’s support worker)

Creating a safe environment for the children within a group-work context was paramount to the workers within DVPPs. While open communication is encouraged, participants revealed that often children can be protective about their parents and about how they feel about what was happening at home. Subsequently, children’s workers were adept at devising strategies to help children disclose their worries:

‘If we know for example that dad’s back in the house, or they are not disclosing that mum and dad are still fighting and arguing, then we can often tease this out by talking about our own families. So for example I can say, ‘I’m really frightened when my dad shouts’ and they often say ‘I am too’. So we do use that, and we do a lot around feelings, families, worries and self-esteem.’ (R. Children’s support worker)

Until fairly recently children were often described as the forgotten victims of domestic violence (see McGee 2000, Edleson 1999). In recent years a more holistic and children- centred approach to service delivery has been adopted. Participants in this study, however, revealed that there are many areas of service delivery, particularly those of a crisis nature, whereby children are still being marginalised:

'I think sometimes the children get forgotten. It's a bugbear of mine really when women are getting help sometimes the child can get forgotten.' (R. Children's support worker)

'If the family are in refuge, often the focus is on the women, and the child gets left out. I think it's because the workers have got a job to do. They tend to concentrate on the common assessment for the woman, and trying to work out what the woman needs. The children's needs are not initially thought about. I think the children's needs should come first and not a secondary thought. They are affected just as much as the woman.' (D. Children's support worker)

Children are thus recognised as a central feature within the programmes supporting them, and whose needs are not always harmonious with their parents. Findings from interviews with programme staff reveal that workers are confident in the therapeutic approach they take in supporting children, with most coming from a background in counselling, childcare or mental health services. They see positive outcomes in children's participation in group-work and one-to-one talking therapies, however, workers felt that meeting children's basic developmental needs was also important; encouraging children to have fun in the sessions, and to make friends was deemed an essential part of the recovery process.

#### **5.4 The men's programme: Addressing fatherhood**

Historically, community based domestic violence perpetrator programmes have focused on how men use children against their partners as a strategy of domestic violence, rather than a child focused intervention (Rivett 2010). In recent years, a recognition that domestic violence can have adverse effects on children has led to a shift in the way child protection services work with families where domestic violence is an issue. There appears to be a switch in focus that involves working more constructively with perpetrators as fathers, rather than the surveillance of mothers and their 'responsibility to protect'.

Increasingly, children's social services in England and Wales are referring fathers, who are known to be abusive to their partners, to DVPPs. In response to this, an increasing number of DVPPs are acknowledging men's role as both fathers and perpetrators of domestic violence and have begun to address men's parenting within

the programme. The aim is to increase the safety and well-being of children by improving the behaviour of their father. In situations where women with children choose to stay in the relationship, or where the perpetrator had not been prosecuted, this work fills an important gap in service

**Table 5.2 Structure of programme**

Area	Length of programme overall	One-to-one sessions	Group-work	Sessions on children
DVPP South West	30 weeks	Approx. 9 sessions – 1-2hrs per session	21 weeks 2 hours per session	6 sessions total duration 12 hours
DVPP Scotland	Minimum 40 weeks	Approx. 14 sessions – 3hrs per session	26 weeks 3 hours	5 sessions (over 5 weeks) total duration 15 hours
DVPP North East	34 weeks	Approx. 6 sessions – 2hrs per session	30 weeks	2 group sessions duration 8hrs

Table 5.2 above shows the number of sessions in each of the DVPPs in this study that are devoted to the issue of children. The remaining sessions include a suitability assessment, a programme of one-to-one sessions (between 6-14 weeks) followed by the main element of group-work sessions (from 21 to 30 weeks).

DVPPs utilise a range of therapeutic approaches in one-to-one sessions, including cognitive approaches, counselling, behavioural techniques and personal construct theory. The group sessions include a mixture of participant-led discussion and structured discussions introduced by staff. DVPP workers were asked how the impact of domestic violence on children is introduced into the programme. All programme facilitators told me that while the impact of domestic violence on children is not specifically addressed within the one-to-one sessions, the subject of children is often raised by the men and explored throughout the whole of the programme as well as in the specific sessions:

‘We don’t do specific sessions on children in the one-to-one work but I think that I can also speak for my colleagues when I say that we very much try to keep the children at the forefront of every one of the group sessions.’ (S. DVPP programme facilitator)

The importance of having specific sessions on the impact of domestic violence on children and holding men accountable for this was emphasised by all DVPP workers in this study:

‘In the group-work there is a whole module on children. This is about the men taking responsibility and being held accountable for the effects of domestic abuse on children.’ (S. DVPP programme facilitator)

While there are a wide range of models and methods used within DVPPs, Respect member organisations are required to specifically employ methods that promote victim safety, challenge use of violence, recognise the needs and experiences of children, and work as part of a co-ordinated community response (Respect 2008). In accordance with the literature on credibility and effectiveness of DVPPs, this model places violence central to the problem and recognises that men resort to violent behaviour because of expectations of authority and rights in a personal relationship (Gondolf 2002, Dobash et al. 2000, Mullender and Burton 2000, Dobash and Dobash 1992).

The aim of the specific sessions on children is thus to develop men’s capacity to understand the impact of their violence on children, both in the long and short term and to develop their ability to have safe and appropriate contact with their children.

The content of the specific sessions on children within the three DVPPs in this study share a number of features. These include an analysis of violent or abusive incidents, and how these can affect their children, and the recognition and tracking of moods and emotions. The weekly group sessions includes both structured discussions introduced by staff, and participant-led discussions. One DVPP worker said:

‘The content of the focussed sessions is mainly about getting the men to see how their behaviour does impact on their children. It includes a lot of flip chart work and we encourage a lot of interaction between the men. They have to be quite vocal and in front of their peers which is powerful in itself.’ (A. DVPP Children’s support worker)

Another said:

‘It’s a very difficult session, and emotional, and there can be a lot of resistance initially.’ (K. DVPP Children’s support worker)

All DVPPs mentioned how useful the group process can be when working with men on the impact of domestic violence on children. The benefits of working in groups with perpetrators include the fact that men are not isolated and the public acknowledgment of their violence can work to reduce their denial. Resistance is common and men are encouraged to challenge each other on the issue of denial (including denial of responsibility) so that it becomes harder for them to avoid feelings such as guilt, shame and remorse. All workers mentioned how influential other group members can be in increasing each other's ability to reflect on how past experiences can contribute to their current feelings. Again, a clear denial that children are able to hear the domestic violence was a common theme amongst perpetrators:

'We hear from men all the time that their children didn't hear the abuse or that they were in the other room. Then we are able to take them back to their own childhood, you know, how they knew about it. We also get them to talk about their own experiences of experiencing abuse as children, or their experiences of witnessing domestic abuse.' (J. DVPP programme facilitator)

This DVPP worker went on to mention that a significant number of perpetrators on the programme had witnessed domestic violence as children, and that this was often teased out during the sessions. However, while DVPP workers are aware that there is no simple causal link between witnessing domestic violence as a child and perpetrating domestic violence as an adult, some have suggested they believe it could be a particular risk factor for adult male violence (Spaccarelli et al. 1994).

Men's enhanced ability to monitor and understand their own feelings and the feelings of others has been noted in previous evaluations of perpetrator programmes (Bell and Stanley, 2005, Burton et al. 1998). Research with men on programmes and their partners/ex partners found that men had gained valuable insights into the impact of domestic violence and had developed a sense of what it must be like to live under his regime of control (Westmarland and Kelly 2012). Increased 'reflexivity' and sensitivity in men was also identified by DVPP workers. Strategies are employed within the group-work programme to help men assume more control over their behaviour, to learn to distinguish between their own thoughts and reality, and to become more aware of themselves and others. For example, the use of visual tools such as diagrams, charts and drawings:

‘We ask the men to undertake a feeling exercise, looking at an iceberg and the feelings that are above and below the surface.’ (M. DVPP programme facilitator)

On a practical level, men are educated on child protection issues and the categories in which children can be registered. They are also made aware of the different tactics that perpetrators use that are not always recognised as abusive. It is well documented in the literature that perpetrators often use children to maintain power and control over their partners/ex partners especially when they are living apart (Hester et al. 2007). One worker said:

‘We cover positive parenting and the difficulties of parenting when parents live apart, and types of abuse that occur when couples live apart and questioning some of the tactics used by men. A common one is taking them [children] out when they are due to be home, or another one is giving them Smarties that will make the children hyper-active when they get home.’ (J. DVPP programme facilitator)

In the field of psychotherapy, it has long been recognised that the qualities of the therapist are an important element in effecting personal change (Wampold 2001, Mearns and Thorne 1988). Similarly, the competence and commitment of facilitators within community-based domestic violence programmes are also important. It was evident that the DVPP facilitators interviewed in this study were passionate and committed to the work they do. All programme sessions are co-facilitated by men and women who can model respectful and equal relationships. It was evident in my research that commitment is high among participants and facilitators strive to convey mutual trust and are not afraid to confront or challenge.

It has been noted by other DVPP evaluators however, (Gondolf 2002, Edleson and Tolman 1992), that workers sometimes believe their work to be more successful than it actually is. What is clear is that in order for men to be drawn into the process of change, facilitators need to communicate both the possibility and desirability of the process (Dobash et al. 2000, Respect 2000).



#### **5.4.1 Motivation to change**

Previous evaluations of community based domestic violence perpetrator programmes have consistently shown that men's attrition and completion rates are problematic (Williamson and Hester 2009, Gondolf 2002, Burton et al. 1998). Reasons have been reported to include men's failure to initially report to the group and the subsequent drop-out at various stages of the programme. As earlier research has revealed, securing and maintaining men's motivation to change their abusive behaviour has been a key challenge for DVPPs (Babcock et al. 2004). Seeking to identify some of the factors that contribute to men's long term engagement with the programme Stanley et al. (2012) found that these included: the number of previous domestic violence incidents, the duration of previous relationships, whether men were employed, and the use of their GP in the twelve months preceding the programme. Further analysis revealed that men who were 'currently involved with children's services were much more likely to be included in the engaged group than those who did not have this involvement.' (ibid p268)

Until recently, the gap in both policy and practice between the conception of fathers, and their identities as perpetrators of domestic violence, remained ignored. In recent years however, the intersection between men as fathers and men as domestic violence perpetrators has increasingly been recognised in UK policy and practice and steps have been made to address this overlap.

As noted later in this chapter, there has been a recent increase in referrals from children's services to the programmes in this study, with social work referrals making up the majority overall. Concerns have been raised about how this route into programmes impacts on men's motivation (Debonnaire 2010). Are men merely responding to pressure from children's services to attend a DVPP, without actually effecting any change in behaviour? Furthermore, are perpetrators of domestic violence participating in the programme motivated only by the prospect of acquiring access to children?

None of the above reasons for participating in a DVPP, however, entails an awareness of the harm that domestic violence can have on children. A secondary aim of this research is to understand the role children play in men's motivation to change their behaviour, and whether men's engagement with the programme raises their awareness of the impact that domestic violence can have on their children.

#### 5.4.2 Ultimatums

I asked workers 'What are the factors that motivate men to participate on a DVPP?' Overwhelmingly, participants mentioned that most men 'volunteer' to take part as a direct result of an 'ultimatum'. Typically, this ultimatum is issued from children's services. Referrals of men from Social Services are the highest in all three DVPPs in this study, and many of these cases have a Child Protection Plan in place. This correlates with findings from the wider Mirabal Project, in which Children's services were the main referral pathway into a DVPP (Kelly and Westmarland 2015). Losses or anticipated losses are often triggers for change for perpetrators (Hester et al. 2006). DVPP workers told me:

'Most of the men on the programme, those who have had children removed, want their children back or want to be back in the family home themselves. That is usually their aim. Sometimes social services have told the man they have to leave the property and cannot go back until they have completed the perpetrator programme.' (R. DVPP children's support worker)

One worker mentioned that while social services involvement may be the initiating factor for men attending the programme, the benefits of their attendance become apparent when men are seen to engage fully in the programme. One worker mentioned the delight of one man who was given unsupervised access to his children. 'Rewards' such as these serve as reinforcement for men to further engage, and acknowledge his need for change:

'Some of the men are not allowed any access, [to children] and after a while when they are on the programme, you see them go from supervised access to unsupervised access. You can see a massive difference in the men when this happens.' (A. DVPP children's support worker)

The hope of reconciliation with an ex-partner or the fear of losing a partner, are also motivating factors to attend. Ultimatums from partners are also key motivating factors:

'For women, it may be that she says this is your last chance. If you don't go and get help then that's it!' (L. DVPP children's support worker)

Whilst all three DVPPs do not have a specific remit to work with men on the issue of fathering, they do strive to integrate children's issues into all areas of their work. This gives men an awareness of the impact of domestic violence on children as a means of achieving change. One man, who had no contact with his child from a previous relationship for many years, was currently using violence in a new relationship. His partner issued an ultimatum to attend the programme because of his violence towards her. While contact with his child was not the initial motivating factor for participating, the programme offered him awareness and an insight into the severity of his behaviour towards his child that led to a positive outcome that had not been anticipated. The DVPP worker said:

'He has talked about his son who is with his former partner. He's suddenly realised how the domestic abuse has impacted on him, and has formed a relationship with the son he hadn't seen in a long time.' (S. DVPP programme facilitator)

#### **5.4.3 Intrinsic motivation**

Despite the initial reason for attending a DVPP, whether influenced by contact with children or the ultimatum of his partner, there appears to be a 'turning point' for men when they progress through the programme.

'As they progress on the programme, and particularly when they do the module on the impact of domestic abuse on children, they become aware of the impact of their behaviour on their children/step children.' (M. DVPP facilitator)

Overwhelmingly, DVPP workers mentioned the specific sessions on the impact of domestic violence on children, and how these appear to have a profound effect on men. As one worker put it:

'They [sessions on children] have a massive impact on the men, and they are shocked at what they have done to their children.' (R. DVPP Children's support worker)

The content of the sessions on children contain many of the same or similar elements for each DVPP in this study. For example, men are always asked within the specific sessions on children, about their own childhood, and they are often able to make a

connection between their own experiences of domestic violence and that of their children:

‘I think they get an awakening when they do the [children’s] module on the programme. When they can see themselves as they were as children or see what they are doing to their children, then that is a wake-up call. ...It does reduce some of the men to tears. It gets them to think ‘That was me as a child’. It’s not in their consciousness and it’s shocked the back of the mind. It’s a trigger to memory and it gets them to realise.’ (C. DVPP Women’s worker)

DVPP workers reported that many men are still under the illusion that their children are ‘protected’ from the violence. The myth regarding children’s ignorance of domestic violence appears to prevail, despite research that found that in 90 per cent of cases, children are in the same room or the next room when the violence takes place (Hughes 1992). It is still a revelation for perpetrators to learn that their children are aware of the domestic violence.

‘So many parents think that domestic violence has no effect on the child. I know that the sessions on children for the men’s programme are quite powerful. Many of them say, ‘oh my god, I didn’t know that’. (D. DVPP children’s support worker)

Within the group context men are encouraged to talk about their children, in particular how they feel each child has been affected by the violence. By talking about each child in turn, and the effects of domestic violence for each, workers felt that a catalyst was provided for them to develop an insight into the severity of their behaviour:

‘Children often look up to their dad and often he is their role model. One man told us that his child just used to smash everything to bits. While he had never admitted it to himself before, he knew deep down that it was because of him.’ (L. DVPP Children’s support worker)

#### **5.4.4 Extrinsic motivation or resistance**

Building motivation for change is a key challenge for DVPPs. Perpetrators often demonstrate a number of common factors: minimisation, denial of responsibility and a sense of entitlement that appear to be central to their abusive behaviour (Blacklock 2001). While some men are initially assessed as suitable for the programme and are

motivated by an ultimatum from children's services or their partner/ex-partner to participate, there are a small minority that fail to engage and are identified by workers to be 'going through the motions':

'For some of them, that's what all it's about [getting children or partner back] and there's no more motivation there. They can just sit there and go through the motions. They are closely watched and we recognise these men. We tell them they do have to take part or else they will be asked to leave.' (A. DVPP Children's support worker)

One worker noted:

'Even when we place abuse in the context of fathering there is still resistance.'  
(M. DVPP programme facilitator)

DVPP workers accept that for some men, a domestic violence perpetrator programme will not always bring about the desired effects. All programmes working to the Respect service standard carry out a case management process for every client, which includes a regular review of the man's progress. In addition to this, group-work facilitators constantly challenge the denial and minimisation of the men, harnessing other group members to do the same. Workers are aware however, that sometimes a man's presence on the group is acting as sufficient evidence of change for other agencies or courts, without any real evidence of behaviour change. Securing the safety of women and children is central to DVPP, and reports from women and children give workers an overall picture of men's progress.

'We know that there are some men on the programme that are just going through the motions. When we get conflicting reports from the perpetrator and his partner, then we often get the truth from the children.' (L. DVPP Children's support worker)

A few participants mentioned that it is commonplace for men to judge their own behaviour against that of other men in the group, and to reach a decision that 'they are not that bad'. This is one reason why men participating on programmes are carefully monitored and that programmes are inclusive of women's support services.

While women partners/ex-partners are provided with significant support, advice, advocacy and group support for themselves, the women's support service is also a

means of helping women make more informed choices. For example, if she would like to leave the relationship.

‘What we say is that not everybody who takes part on a perpetrator programme is going to go away and be a different person, but it gives the woman and the child the opportunity to have a bit of freedom and make choices.’ (L. DVPP Children’s support worker)

The debilitating impact of domestic violence on a woman’s sense of self has been well documented (see for example Kirkwood 1993, Hoff 1990). This narrowing of their ‘life space’ (Lundgren 2004) or ‘space for action’ emerged as a common theme in research with women, perpetrators, programme staff and funders and commissioners, undertaken by Westmarland and Kelly (2012). Interviews revealed that access to support via the Women’s Support Worker accompanied by the man attending a DVPP contributed significantly to the expansion of women’s space for action.

## **5.5 Referrals**

There are three routes open for perpetrators of domestic violence; they can continue to perpetrate violence, they can recognise that they need intervention and refer themselves to a domestic violence perpetrator programme, or they can be referred via an agency or organisation. Whether perpetrators self-refer to a programme or are referred by an agency, each man is assessed in order to determine whether he is suitable to attend. If workers feel that there is no real hope of successful change, it is important that partners or ex-partners are made aware of this in order to quell false hope that he will change. Acceptance criteria is rigorous and requires that a man acknowledge he has been violent and abusive, sees his violence and abuse as a problem, is able to accept some responsibility, and agrees to the conditions of attendance including giving contact details for his partner or ex-partner. Workers were unanimous in their agreement that men outside of this criteria should not be allowed to participate on the programme.

‘It’s crucial to find out at pre-assessment for what reason they are there. I do believe that most men on the programme really want to change and be a better father.’ (D. DVPP Children’s support worker)

One children's worker told me that during pre-assessment a large number of men are aware of the damage they have done and accept responsibility for this. This is further reinforced in programme sessions, particularly those sessions that focus specifically on the impact of domestic violence on children.

'Many men already know it is their fault before they are referred or self-referred to the programme. But participating in the programme reinforces it for them. And, I also think it's about seeing their children's faces after the abuse, or if they have left and gone to refuge. The children's disappointment and fear have a very real impact on men.' (L. DVPP children's support worker)

#### **5.5.1 Men's self-referral**

Most workers are acutely aware of difference in the level of motivation of men who self-refer and those who are referred onto the programme by children's services.

'Men who are referred by social services and whose children are on a child protection plan, I would say that there's still a little of, 'I'm doing this to get the kids back', whereas the men who self-refer and are not in the social work arena are more, I don't know if passionate is the right word, but they are more on-board and a lot better if they've done it off their own bat.' (A. DVPP Children's support worker)

#### **5.5.2 Agency Referral**

An evaluation of the South Tyneside Domestic Abuse Perpetrator Programme undertaken by Williamson and Hester (2009) found that referrals to the programme came from a wide range of sources including social services, Cafcass, police, probation, health, solicitors, and friends and family. In my own study, interviews with workers indicate that social services are the main referring agency for all three programmes. A wide range of other agencies however, were also mentioned, particularly in relation to support for children:

'I would say that for us it is social care but having said that in [a neighbouring locality] it is primary care trusts, schools, youth offending but the majority are from social care.' (D. DVPP Children's support worker)

‘We tend to get a lot from refugees and school nurses, and they sometimes come through our children’s outreach system.’ (R. Children’s support worker)

Burton et al. (1998) suggest that the newly formed links between social care and voluntary sector perpetrator programmes may also develop in a similar direction for organisations such as Cafcass in relation to contact cases now that the Family Courts are being guided to take domestic violence into consideration. However, interviews with DVPP workers in this study confirmed that referrals from Cafcass are solely in relation to child contact cases.

‘The only time we get any from Cafcass is when there is a court case about contact and they want access to their children. They are usually referred by Cafcass after the court have said that the man must do a programme.’ (L. DVPP Children’s support worker)

Another DVPP worker said:

‘No, we get none from Cafcass that I know of.’ (D. Children’s support worker)

Other agency referral pathways mentioned by DVPP workers included: police, youth services, Respect helpline, and the Army Welfare Service.

### **5.5.3 Referrals from children’s services**

Because of men’s intersecting identities between fathers and perpetrators of domestic violence, children’s social care services are increasingly referring men onto domestic violence perpetrator programmes (Stanley et al. 2012). This has subsequently led to a significant increase in referrals to DVPPs from children’s social care. Interviews with workers in this study found that Children’s Services are the most frequent referrer to each of the three DVPPs.

‘Children and Families. I would say that we get about half our referrals from them.’ (S. DVPP facilitator)

‘75% of our referrals come through Children’s Social Services.’ (R. DVPP facilitator)



High numbers of referrals from Children's Services have also been reported in previous evaluations. An evaluation of South Tyneside Domestic Violence Perpetrator Programme undertaken by Williamson and Hester (2009) found that 56 per cent ( $n=10$ ) of the men interviewed for the evaluation had been pressured by Children's Services to attend the group. Eight of the men claimed that they were only attending the programme because Children's Services had said they had to, either to get their children back, so their partner could get the children back, or in order to avoid the children being taken into care (ibid 22). This negativity within the group dynamic had impacted on its success. It has to be recognised that while community based DVPPs are described as 'voluntary', Day, Chung and O'Leary (2009) have questioned this term and have argued that men are often 'coerced' to attend. One DVPP worker told me:

'The paradox is that most of the men are there because social services have recognised the effect on the children, not them. And they are unlikely to recognise that until they do the module on the impact of domestic violence on children. That's unfortunately why I think we get a fair degree of dropout from these men rather than those who self-refer, because they don't really recognise why they are there. Most of them, I would say, don't recognise it [domestic violence] until they do that bit of work. A lot of them don't get that far because they have managed to convince themselves that they don't need to change. That's because their partner has accepted him back or doesn't want him back.'

(S. DVPP facilitator)

The negativity of men who are coerced to attend will subsequently impact on other members of the group and may raise challenges for retaining self-referrers.

#### **5.5.4 Referrals from schools**

While social care services tend to be the main referring agency for perpetrators of domestic violence, schools are increasingly beginning to refer children to domestic violence support services for direct support. Since 2002, under section 175 of the Education Act (2002) local education authorities and schools are required to make arrangements to safeguard and promote the welfare of children, and under section 78 schools are required to provide a curriculum that promotes the social, moral, cultural and spiritual development of their pupils. The introduction to the curriculum of the Personal Social Health Education (PSHE) plays an important role in monitoring the

welfare of children, particularly those children living with domestic violence. The information available from monitoring such children is extremely useful in that it can inform a school on how best to support children, and it can also provide vital information to other professionals. DVPP workers said that in recent years schools are increasing their referrals to integrated domestic violence intervention projects such as DVPPs.

‘Yes they [children and young people] are referred mainly by the schools in the home area at the moment. Schools are in a good position to pick up on domestic abuse. Don’t get me wrong we do get some from social services but the majority [of children] for us are coming through schools.’ (K. DVPP Children’s support worker)

Another worker said that the main referral pathway without any social work involvement was from schools.

‘We’ve had lots of referrals where there is no social work involvement. Mainly referrals from school because of behavioural issues due to the domestic abuse at home.’ (A. Children’s support worker)

#### **5.5.5 Problems with the referral system**

Evidence submitted to the Munro Review of Child Protection (2011) emphasises the importance of early intervention and the creation of multi-agency teams located in the community alongside universal services. However, the ‘managerialist’ approach taken within social work practice, and the recent reforms within the profession has been deemed problematic. Munro argues:

‘The focus of reforms has been on providing detailed assessment forms, telling the social worker what data about families to collect and, how quickly to collect it. Less attention has been given to helping frontline staff acquire the skills to analyse the information collected.’ (Munro 2010, p36)

The Munro report is critical of social work reforms in that its focus has tended to centre on the process of ‘completing good records’, rather than creating relationships with children and families (p37). The skills needed in forming relationships is fundamental to obtaining the information that social workers need to help them understand what problems a family has, engaging the child and family and working *with* them to

promote change. However, DVPP workers in this study suggest that harmful repercussions have arisen from the social work focus on the over-concentration on repetitive data entry. This has led to a lack of interaction with children and families, for example asking challenging questions about domestic violence and to sense that a child or parent is being evasive. This has subsequently led to a problem with the referral process in which important information has been found to be missing from referral forms. This was an issue also found in an evaluation by Coy et al. (2011) whereby information provided for referrals was often inconsistent or missing altogether. For example, one worker identified missing information that had the potential to compromise the safety of women and children.

‘Sometimes there is a lack of information...Things like, ‘is it safe to contact?’ All we need is a little tick but it’s a major issue in terms of safety. Things like ‘is the perpetrator still living in the house, is he dangerous, does he pose a risk?’ (L. Children’s support worker)

While this worker went on to say that a phone call to the referring agency could usually clarify the situation, others felt that it was a time consuming process particularly as this happens on a regular basis. The inconsistency in information and the extra work it imposes on DVPP workers also has the potential to cause dissent.

‘When information is missing from the referrer it is annoying because we then have to go back to the referrer and find out any gaps in the information. This is for our safety as well. We really have to go through the referral form with a fine toothcomb, and if anything is missing we have to find out and let them know we need this information. It may be that the person who refers has not used the form before. It’s very important that we have all the information.’ (R. Children’s support worker)

Another worker spoke of the misinformation often given to families by social workers. For example:

‘Sometimes the men get told the wrong information. I had three men yesterday who were told by their social worker that our programme is 10 weeks. There’s a massive difference between 10 weeks and 30 weeks and it takes a lot of commitment to attend for 30 weeks. It’s a lack of information if anything. That is the main problem.’ (A. Children’s support worker)

The problems mentioned by DVPP workers in terms of the referral process included misinformation given to clients, missing demographic data about the referring family or a lack of information about the domestic violence that could potentially compromise the safety of women, children or DVPP staff. Other problems in relation to referrals emerged, which included the large number of children referred for support and the limited resources to deal with them (See chapter 4).

#### **5.5.6 Lack of resources**

Stanley (2011) suggests that because of the increase in notifications regarding children experiencing domestic violence, social care services are increasingly utilising community based DVPPs as a resource. This has resulted in a significant increase in referrals for domestic violence intervention for children but without the additional resources required to provide these services. Overwhelmingly, DVPP workers spoke of the need for further resources to meet the specific needs of children living with domestic violence.

‘I see the referrals coming in and I think ‘oh my god there are so many.’ (A. Children’s support worker)

Similarly, another said:

‘The referral form will be filled in and that will be put into a pile and the admin worker will put that on [child support worker’s] waiting list in date order. When he’s finished supporting one child he will go on and look at the next child. We’ve got 19 on the waiting list at the moment.’ (K. DVPP Children’s support worker)

Interviews with DVPP workers revealed that all children referred to the programme from outside agencies receive access to support regardless of the referral route. However, children of men who self-refer are not afforded this service as routine.

‘All of the children who come to us on a referral basis...mmm let me think about this. Most of the children are referred to us by social care and all get support, mum, dad and children, but if a man self refers then no. It’s crazy really because his partner can get help through the freedom programme but not necessarily the children. It’s scary really!’ (K. Children’s Support Worker)

During the course of the interviews with DVPP workers the issue of referral was an area that, on reflection, I felt needed further investigation. I therefore asked workers from the three programmes if they could supply me with data listing the referring agencies. I explained that I would like to investigate and record which route most referrals were coming through for the research. All three agencies said they would supply me with these in the coming weeks, however despite follow up reminder emails these were not forthcoming. In hindsight, it would have been preferable for me to have asked for these in advance of the interviews and I regret not having the foresight to realise in advance that the research participants were busy professionals who could not always meet the demands of research due to their limited time resources. While not having the specific numbers, a wide range of agencies were mentioned during the course of the interviews. Children's Social Services appeared to be the most common referral routes for the programmes in this study. This shows how strongly connected DVPPs are now with Children's Services (Kelly and Westmarland 2015).

## **5.6 Children's awareness of DVPPs**

An issue raised earlier in this research regarding the problematic nature of gaining access to children who were not aware that their father was attending a DVPP (see chapter three section 3.3.3) was investigated further in my interviews with DVPP workers. I wanted to find out why children were not routinely informed about their fathers' participation on a DVPP, and who DVPP workers thought would be the best person to tell them. One programme facilitator said:

'They [men] often say they don't know if the children know. We positively encourage the men to tell their children what they are doing. The children might not know what they are doing, but they do know that they are going somewhere every Monday, Tuesday or Wednesday night. They certainly won't miss that, so we try to get the men to open up to their children and be honest about what they are doing.' (M. DVPP programme facilitator)

One programme facilitator said that while not actively encouraging men to discuss the programme with their children, they do talk in the group about their progress and its noticeable effects on older children.

‘I think I can speak for the men who are on the programme at the moment who have children who are older and I would say that they are aware. One of the men told me that his daughter has noticed a marked improvement. I think she’s about 15. Maybe younger children of men on the programme are not aware.’ (S. DVPP programme facilitator)

While not specifically encouraging, or giving men the tools to be honest with their children, one worker mentioned how the programme helped facilitate a dialogue between a long term domestic violence perpetrator and his now adult son:

‘One man has started talking to his grown up son about the violence and now they have a much better relationship. This guy is in his fifties and he has been a domestic abuse perpetrator all those years. He knows now what he’s done to his child.’ (K. DVPP facilitator)

The wider responsibilities of DVPPs include enabling men to acknowledge and express vulnerable feelings, however, the taboos and consequences of disclosing direct and indirect abuse of children is often difficult due to feelings of guilt and shame. Borrowing from restorative justice, as a more emotionally intelligent form of justice, DVPPs have adopted innovative ways of allowing men to be accountable for the domestic violence.

‘We get them to write a letter to their children and we encourage them all the time to say sorry to their children. It’s their responsibility at the end of the day.’ (K. Children’s support worker)

Men’s feelings of guilt and shame were a common theme. Leith and Baumeister (1998) have stated that individuals who have the emotional response of guilt are more likely to emotionally relate to the victim. Once empathy towards the victim is felt Tangney (1995) suggests they are more likely to experience a need to repair the wrong. DVPP workers are aware that while feelings of guilt and shame are positive in terms of accountability, they are difficult for men to come to terms with without help from other group members and facilitators:

‘We try to get them to come to terms with the guilt and shame about it, help them through that, and be accountable to their children for the damage they have caused.’ (A. Children’s support worker)

Guilt also stimulates people to counteract the bad consequences of their actions, for example, by confessing, by apologising, or by making amends (Tangney 1995). One worker explained how a heart-felt apology from the men to their children is encouraged to be played out within the group session:

‘We get them to apologise to their children within the group. There is a recognition there, and it’s explained very carefully that we do not want any half-hearted apologies because children have heard it all before. We do this at session three because it’s not appropriate to do this at the first session. The apologies are made with the help of the facilitators.’ (M. DVPP facilitator)

DVPP workers reported that many parents are in denial regarding their children’s awareness of the domestic violence, and as such, children are left uninformed about their fathers’ participation on a DVPP. This is despite twenty years of research that has consistently told us that children are acutely aware that domestic violence is occurring (Mullender et al. 2002, Abrahams 1994). Research that takes into consideration the voices of children reveal that they want to be listened to, to be taken seriously, to be told what is going on and to be involved in decision making (Mullender et al. 2002). Through research such as this, we now know that parents are unaware of how much their children have seen or heard. Edelson (1999) has argued that parental assessments of the impact of domestic violence on children often underestimate the effects, with parents believing that they have shielded their children from the violence. One DVPP worker said:

‘You get the parents who say no, no, no, my child has no idea that there is domestic violence going on. I think, ‘do you not know that he is upstairs listening? That he daren’t come downstairs and he doesn’t bring his friends home because of it?’ No, they still think they are not affected by it.’ (L. Children’s support worker)

In order to deal with men’s denial regarding their children’s awareness of domestic violence, one worker explained how working together with the children’s support worker has gone some way in helping men come to terms with their children’s understanding. He explained;

'We took a list of statements from children in the children's support group asking the following question 'what would you say to a person who was abusive to you?' There were responses like; 'why did you do it?' 'go away you shit', 'I don't want to ever see you again', 'are you going to change?' 'why should I believe you, because you said it before?' 'don't make promises you can't keep, don't say you are going to visit unless you mean it, don't blame mum, it's your fault'. These are statements from kids who are supposed to know nothing about the domestic abuse going on in their home! The children also say things like 'when we visit you, don't ask us questions about mum'. These are all real statements from children and we use these in our sessions with the men. Real is much better than anything that is made up and they have an impact.' (D. DVPP programme facilitator)

#### **5.6.1 Whose responsibility?**

Of the three programmes in the study, two were not actively encouraging fathers to talk to their children about their attendance on the DVPP, although they did think this would be beneficial to both perpetrators and their children. Surprisingly and laudably, men are routinely asked whether their new partner is aware of their attendance on the programme, men are not, however, assigned to tell their children:

'I think it's a good idea that men tell their children what they are doing and why. I can't say I have ever actively encouraged them. I do always ask if they have a new partner, I always ask the men at assessment whether they have told their new partner that they are coming to the perpetrator programme but not about the children. I've never had the conversation in the groups about whether their children knew he was on a perpetrator programme, but I've never heard any of the men say they didn't want their children to know.' (K. Children's Support Worker)

A common assumption was the expectation that mothers would take on the responsibility for socially framing the perpetrators behaviour for the child.

'I think that if you are going to tell a child that dad is on a perpetrator programme, it needs to be addressed sensitively so that the child doesn't worry. We encourage mums on the freedom programme to be open with the children about what's happened.' (L. Children's support worker)



Workers told me that in some cases the perpetrator is not in contact with his children and is attending the programme as part of a child protection plan. The issue of telling children is again left to the discretion of mothers. This worker spoke of the problems around couples who have separated:

‘Not all the children we work with are in contact with dad because it’s part of a child protection plan that dad attends the programme before he can have access to the children. Ultimately then, it would come down to the mum to tell the children.’ (D. Children’s support worker)

All interviewees agreed that children should be informed about what was happening regarding the domestic violence and the intervention process, however there was little consistency around how and by what mechanisms children should be told. One worker said the issue of informing children about their fathers’ participation on a DVPP had not occurred to her, and programmes need to consider the benefits and challenges of engaging perpetrators in the healing process for children.

‘You’ve got me thinking now, perhaps we should make sure that we actually make it clear that they [men] tell their children.’ (K. Children’s Support Worker)

### **5.6.2 Moving on**

Being open and honest with children has considerable benefits both for children and those working with them. The extract below illustrates how important it is that children hear key messages around domestic violence to allay their fears. For example, children need to know that the majority of children who have experienced domestic violence will not grow up to be violent, that it’s not their fault and that it’s okay to be angry and to get help with that anger:

‘Obviously when parents are open and honest with their children about the domestic abuse, it makes it easier for us to work with them as they understand. We are then able to get a lot from them because there are no barriers in the way. Also when they are in refuge there are other children in the same situation and you can’t stop children talking to each other. Children who are not told the truth are confused.’ (D. Children’s support worker)

Another mentioned how openness and honesty is crucial in the healing process for children:

‘We will never move forward until everyone is open and above board with their kids.’ (A. Children’s Support Worker)

One DVPP Children’s Support Worker has recently started working with families on an outreach basis. She explained that this element was developed after children’s support workers noted that the work children were doing within group sessions was being overlooked by parents:

‘We have started to go into the family home and do family integration to help parents understand how important it is to listen to their children after the sessions.’ (R. Children’s support worker)

The fact that many children are uninformed about their fathers’ participation on a perpetrator programme has had obvious implications for eliciting children’s views on the outcomes of the intervention for them. The difficulty in accessing a sample of children for this research illustrates the large numbers of children who are receiving support through integrated services, who are unaware that their father is attending a DVPP, and receiving help to stop his abuse. Interviews with workers highlighted that while children are central to the programme, there is a remaining gap in some practice that allows violent men to ignore some of their parenting duties.

## **5.7 Discussion**

Interviews with DVPP workers focused specifically on how their work adequately responds to the needs of children whose father is participating in a DVPP. Data highlighted three important areas in terms of children’s safety and the impact of their fathers’ participation in DVPP. The first relates to the way that DVPPs assess and manage risk to children; the second relates to the ways children benefit from the direct support provided by DVPP’s; the third is concerned with the role that children play in men’s motivation to change their violent behaviour. Two further themes emerged, one regarding the high numbers of referrals taken from children’s social services, and the question of whether men’s participation is a result of pressure, and a further area regarding how children should be told about their fathers’ participation in a domestic violence perpetrator programme. The findings relating to each will be discussed in sequence.

All children who live with domestic violence are at risk of having poor outcomes and, for some, the consequences can be lifelong. These can be summarised as physical injuries (bruising and broken bones); physical manifestations of emotional problems (self-harm, bed-wetting, weight loss); behavioural problems (aggression and introversion); emotional problems (fear, insecurity, low self-esteem); and social problems (social isolation, poor social skills). McGee (2000) noted that the most common impact identified *by children themselves* was the fear and intimidation they felt on an almost daily basis, resulting in behavioural problems and aggressiveness.

Findings from this study however, show that the impact of domestic violence on children can be reduced through intervention and support. The three community based integrated support services that took part in this study take a holistic approach with the family as a whole, working with violent men, and their partners/ex-partners and offering direct support to children. DVPP workers report that a significant outcome for children accessing their services is safety. Considerable emphasis was placed on prioritising children's safety through assessing their risk of exposure to domestic violence and taking measures for safeguarding. This is achieved through the use of a specific risk assessment tool, the Risk Identification Checklist (RIC), or an adaptation of it. All participants noted that while the risk assessment was focused on the adult, it did include some safeguarding questions specific to children.

Given that, in the UK, domestic violence risk assessment tools are at an early stage of development (Radford et al. 2006), the RIC was perceived by workers to include the specific indicators that characterise the complexity of domestic violence. This view was set against a backdrop of other risk assessment tools in circulation, that often fail to take into consideration the complexity of the relationship between violent men and survivors of domestic violence. Social work risk management tools, for example, tend to focus on mother's behaviour and her ability to make choices for herself and her children, effectively making the victim responsible for the perpetrator's behaviour (Hoyle 2008). This ignores other risk factors such as separation, which contrary to popular belief, increases the risk of further violence in about half of all domestic violence cases in the short to medium term (Debbonaire 2011). DVPP workers were intransigent in their view that the RIC provides them with the appropriate information regarding women and children's safety that integrates women's assessment of risk, evidence-based risk indicators and the DVPP workers' professional judgment. I would argue however, that this is only but a partial view, and draw upon the point presented

by Bancroft and Silverman (2002), who argue for an assessment of children's risk from their fathers during post separation. They suggest that:

'Children exposed to battering behaviour can benefit tremendously when professionals have knowledge of the range of risks that batterer's present to children, and when a systematic risk assessment tool is applied by child protective services and family courts.' (ibid, no page number)

In a critique of child custody evaluators, Bancroft and Silverman (2002) further argue that this type of investigating and fact gathering is typically not considered important to their assessments. This neglect can equally be found within DVPPs where the focus of assessment is on the risk to partners or ex-partners. Within this framework it is assumed that protection of the mother renders protection of the child and that enabling women to be safe is often the most effective form of child protection (Kelly 1994). Whilst these principles of women's empowerment are crucial to children's safety, I would argue that the encompassing of children's empowerment too, is as equally important. Radford et al. (2011) argues that 'supporting the mother to be safe can be a good way to protect the child as well, although this may be so well known that it is taken for granted, and the risks to children overlooked' (p61).

Unless children are included in matters that affect them, and are recognised as active subjects rather than passive objects, their place within a co-ordinated community response to domestic violence is marginalised. Consultation with children on a definition of what they perceive to be risks, would help in the development of a specific evidence-based, child-friendly risk assessment model for children whose father is participating on a DVPP. Crucially, this needs to overlap with the risk assessment of the mother, bringing together the needs of the child and the adult to give an integrated adult/child approach (Radford et al. 2011). This is also crucial in terms of safety planning. Children can be ignored during this process (Gewirtz and Edleson, 2007) and focused efforts can often help reduce the stress children can feel as a result of domestic violence. Gewirtz and Menakem (2004) suggest children as young as three years old are able to understand and contribute to the safety planning process. DVPP workers reported that helping children to develop a safety plan is a crucial step in addressing and enhancing children's safety, and is often a cooperative process between the DVPP worker, the partner/ex-partner and her children. Allowing children to participate in safety planning provides them with tools to help protect themselves and help their mothers when violence reoccurs. DVPP workers also reported that

multi-agency information sharing, with a focus on identifying and reducing risk to women and children was helpful. The pooling of knowledge between agencies was viewed by workers as an extremely useful way to obtain a complete picture of a child's risk and needs.

In 2007, the Local Government Association guidance for commissioners of children's services stated that appropriate domestic violence group-work programmes for children need to be developed that link into domestic violence perpetrator programmes meeting Respect minimum standards. However, despite this there is a dearth of community-based support services in the UK for children whose father is attending a DVPP. This study echoes previous findings, that there remains a distinct lack of services particularly for children who remain living at home with both the non-abusing parent and the domestic violence perpetrator (Mullender 2004, Humphreys et al. 2001). The reality is that children are most likely to access services if their mother leaves (Devaney 2009), and especially if she finds a place in a refuge.

The three DVPPs in this study were examples of the few integrated support services that included direct support for children in the form of one-to-one and group-work. These services work with perpetrators of domestic violence, their partners/ex-partners and their children. The intervention is unique in that it is available to women and children who continue to live with men who are violent, it can help women prepare to separate safely from the perpetrator, or it will continue to work with them after separation, negotiating safe access arrangements and court appearances. DVPP workers were unanimous in their view that integrated support services that work holistically with the family, provide the very best model of family support in cases of domestic violence where the family remain together, or have contact.

According to workers, specific positive outcomes for children receiving support include the relationships that children forge with support workers in both group-work and one-to-one work. This safe and nurturing relationship is central to helping children overcome the stress associated with domestic violence (Middlebrooks and Audage 2008). Workers noted that, for many children, speaking to a DVPP support worker was often the first time they had disclosed the violence to anyone outside the family. However, this disclosure was often mitigated by the trust that workers tirelessly strive to build with children in order to encourage them to open up and tell their stories. The respect garnered, through this often slow process of trust-building helped children learn conflict resolution skills and alternatives to violence.

Securing and maintaining men's motivation to change abusive behaviour are key tasks for perpetrator programmes where retention is often a problem (Babcock et al. 2004). In this study, DVPP workers spoke of men's involvement with children's services and how some of the men regarded their participation in the programme solely as a means of acquiring access to children or avoiding care proceedings. I wanted to address here and explore the specific role that fatherhood plays for perpetrators of domestic violence and whether men's constructions of themselves as fathers can contribute to enhanced motivation to change their behaviour.

It has been well documented that men's motivation to change their abusive behaviour through engagement with specialist programmes is a significant challenge (Saunders 2008, Silvergleid and Mankowski 2006). A sufficient number of hours of contact with DVPP staff, and over a long enough time period, is needed to provide a reasonable opportunity for behaviour change and to sustain a reduction in risk. Respect Accreditation Standards (2012) recommend a minimum of 60 hours for group-work and 24 hours for individual work over six months. The length of programmes in this study varied between 30 weeks (60 hours) to 40 weeks (126 hours).

All DVPPs now include specific modules promoting safe and child focused parenting within their programme. This work is informed by an understanding of how being a parent is affected by being a perpetrator, of how being a parent is affected by being a survivor and of the differences and connections between these two circumstances (Respect 2012). Within Respect accreditation standards, however, there are no specific guidelines regarding the appropriate allocation of time to this topic. This is left to the discretion of member organisations according to the needs of the local population (Respect 2012).

The number of sessions on the impact of domestic violence and parenting provided by DVPPs in this study ranged between two sessions (8 hours) and six sessions (15 hours). This would appear to be a comparatively limited amount of time within the wider programme structure, given the content and depth of the topic that would need to be covered in order to inform and expand the parenting skills of domestically violent fathers.

Given this, however, all DVPP staff were enthusiastic regarding the huge impact that these specific sessions can have on men's motivation to change. DVPP workers

talked of men becoming visibly upset as they discussed ways in which they had caused damage to their children through their violence and abuse of their partner. They reported on how men are given the opportunity to talk about their own childhoods, and the domestic violence they suffered and witnessed as children.

While the 'cycle of violence' (see Widom 1989, Strauss et al. 1980) is based on the view that children who live with domestic violence will learn that abuse is acceptable, it is a contentious issue that has been subject to detailed criticism (Morley and Mullender 1994, Stark and Flitcraft 1988). By no means do all children who have lived with domestic violence grow up to become either victims or abusers. Many children exposed to domestic violence realise that it is wrong, and actively reject violence of all kinds (Humphreys and Mullender 2000). DVPP workers, however, report that for a significant number of men participating in programmes, the cycle of violence is a reality. The sessions are structured to initially challenge men's denial that their children are unaware of the violence. Group facilitators then ask men whether they had experienced domestic violence during their own childhoods. Despite initial resistance, workers report that most men do concede that they were aware that domestic violence had occurred.

Rothman et al. (2007) suggests that motivation for some men emanates from an understanding of the devastating effects that domestic violence has had on their children. Findings from this study concur. Overwhelmingly, DVPP workers spoke of the powerfulness of these sessions and of men's realisation that their children were suffering. This appeared to be a catalyst for men's cognitive restructuring in terms of the impact of their violence on their children. All of the DVPP facilitators in this study highlighted the importance of the specific sessions on the impact of domestic violence on children and the potential for men's increased motivation to change. While all workers agreed that the specific sessions on children are difficult, with considerable resistance initially, from group participants, it was felt that they are integral to the programme overall, and elicit the most positive results.

For many DVPP facilitators, this motivation is targeted through building awareness and reflecting on ways that men would like to be the same or different from their own fathers. Crooks et al. (2006) suggest that helping men to reach this sense of discrepancy, between actual and ideal, is an extremely useful tool for motivation. In recent years DVPPs appear to be meeting the agenda of children's services in

promoting an awareness of the impact of domestic violence on children and enabling men to own and work towards achieving a sense of themselves as 'good fathers'.

The issue of referral became an issue during the interviews with DVPP workers and concerns were raised primarily in relation to the number of referrals coming from Children's Services due to child protection concerns. Workers suggested that a significantly high proportion of men using DVPP services are directed or referred to the programme and are, by far, the largest group of men attending the DVPPs. Usually these men have children on a child protection plan or there is long standing domestic violence. In essence, men's initial motivation to participate was in order to get their children back, or avoid them being taken into care.

Concerns have been raised about how this route into programmes impacts on men's motivation (Debbonaire 2010). A study by Williamson and Hester (2009) found that the number of referrals from children's social services, due to child protection concerns, had a seemingly negative impact on the dynamics and success of the programme under evaluation. There were concerns amongst several DVPP workers in this study that some men with children's social work involvement took an instrumental approach in initially engaging with the programme. Stanley et al. (2012) refers to this as '*extrinsic*' motivation where the impetus for change is located outside the individual. However, whilst *extrinsic* motivation is valuable and often effective in securing men's initial engagement with the programme, *intrinsic* motivation comes from within, and is generally associated with greater long-term behaviour change. The stages of change from extrinsic to intrinsic motivation generally is defined in the work of Prochaska and DiClemente (1982), who suggest that a person's *intrinsic* motivation increases with a growing awareness of the severity of their problem.

Findings from programme workers indicate that specific sessions on the impact of violence on children can function as a form of *intrinsic* motivation for men, developing their awareness of the impact of their behaviour on children and viewing their participation in the programme as a means of becoming a 'better father'. An important issue for DVPPs is whether men's fathering should be used as a lever to enhance motivation throughout the programme, without a dilution of the central perpetrator work as the main focus.



One of the barriers however, to children moving on is the silence regarding their fathers' participation in a DVPP. It was evident during the process of this study that few children are informed of their father's perpetrator intervention. This was highlighted when difficulties arose in recruiting a sample of children to interview about their perception of DVPP outcomes (see chapter three). Research with children who are living with domestic violence, however, has consistently shown that they prefer honest and open communication (McGee 2000, Mullender et al. 2002), and ideally this should extend to their father's honesty and openness regarding his participation on DVPP. The lack of knowledge and consideration afforded to children about their father's participation was also found in a related study by Alderson et al. (2013). Interviews with men on DVPPs and their partners/ex-partners revealed that 50 per cent had not told their children that their father was attending a perpetrator programme. This proportion was the same where the father was and was not living with the children. The main reasons offered for not telling children were: the children were too young to understand; parents did not want children to feel uncomfortable; or that shame and stigma prevented them from being honest. The data also showed that men who did tell their children were emphatic that they wanted to be honest, but even here there was often some tempering of information. The language men used to minimise their attendance on a DVPP was also evident in my interviews with children and will be further discussed in chapter seven.

Interviews with DVPP workers revealed that their views were divided on whose responsibility they thought it was to talk to children about perpetrator work. While most felt the perpetrator should be the person to tell children, there was an assumption among some participants that mothers would be the person most capable of communicating this information. While DVPP workers said they are constantly challenging perpetrators' denial mechanisms regarding their children's awareness that domestic violence is occurring, only limited work was specifically undertaken to enable and encourage men to communicate with their children about the steps they are taking to end their abusive behaviour. Men also need to be encouraged to be open and honest about their participation on a programme, and this should be understood as part of holding them accountable for their behaviour. Such conversations also offer opportunities for fathers to show that they are aware of the costs of their actions for children and provide a space for children's hurt and distress to be heard. This is fundamental if the principle of accountability for violence is to be extended to children.

To this end, perpetrator programmes must integrate this into their work, including content which enables men to feel knowledgeable and confident in talking with children about their participation and what they are working to change. While it is undoubtedly inappropriate for a child to be given detailed information about the content of programme sessions, men need to be encouraged to consider age appropriate language and matching the child's own language understanding for explaining to children what changes they might expect in his behaviour (this will be discussed further in chapter seven). Such conversations also offer opportunities for fathers to show that they are aware of the costs of their actions for children and provide a space for children's hurt and distress to be heard.

This chapter has explored the views of DVPP workers on the extent and ways that programmes address the impact of their intervention on children and how this affects the motivation of men. Children themselves, however, often have a unique perspective of domestic violence (Scottish Government, 2008) and it is imperative that children's views are added to this framework. The following chapter will describe the development of the research tool designed to elicit the views of children regarding their fathers' participation in a DVPP.

## **CHAPTER SIX**

### **Developing a Research Book for Children**

#### **6.0 Introduction**

The previous chapter explored DVPP workers' views regarding the outcomes for children who receive direct support from domestic violence support services and the impact of their fathers' participation on a DVPP. These narratives perform two tasks within this study; firstly they provide an account of how direct support for children feeds into the men's programme, and secondly how men are developing an awareness of the impact of abusive behaviour on children through their participation on a DVPP. When these elements are combined, they represent a unique insight into the ways that DVPPs are changing men's ways of engaging with their children and how men can safely be involved in their children's lives. In order to glean a more holistic picture however, I wanted to include the voices of children themselves – something only done in one previous study of DVPPs and children (Rayns 2010) – and my challenge was to explore an appropriate method of eliciting their experiences and opinions.

In order to gain an overall picture of how research on the issue of domestic violence has previously been undertaken with children, it was important to examine the background to current discussions about their participation and to review some internationally published studies that have included children. In particular, the methods that have been used and the challenges these have presented.

This chapter will firstly explore the political and social context of involving children in research more generally, it will delineate previous research methods used specifically with children on domestic violence, and from this it will explain why I finally designed and developed my own research tool for this study. I then go on to outline the development of the 'research book' as it was subsequently named, describing its genesis and the process of its development. This will include consultation with children's support services on its design, the piloting stage, the value and strengths of the research book and also its limitations.

#### **6.1 Research question**

This chapter will thus delineate the process of answering research question four;

‘What is the most appropriate methodology for seeking the views of children on their experiences of their fathers’ participation on a domestic violence perpetrator programme?’

## **6.2 The political and social context of children in research: Key developments**

Until fairly recently, research on children has been conducted within a medical or psychological context, underpinned by traditional cognitive theories espoused by early theorists such as Piaget (1969) (intellectual development) and Kohlberg (1984) (moral development) (see also Birbeck and Drummond 2007 for an overview). Developmental psychology, one of the major influences on childcare policy and practice in the West is strongly grounded in this model, which tends to render children’s cognitive, social and communicative skills as inadequate (Graham and Fitzgerald 2010).

These ideas about children still pervade. Adults have become accustomed to regarding children as growing up in the adult world - being educated and socialised and assimilated into adult society. Children are thus often deemed incomplete: they are ‘becoming’ rather than ‘being’ (Qvortrup 1994), and viewed as unsuitable participants in the research process. This has led to researchers preferring to use adult representations and interpretations of children’s lives as a method of data collection (Morrow and Richards 1996, Hamama and Ronen 2009), rather than asking children themselves what they consider meaningful and significant to them (Hill, Laybourn and Borland 1996). Baker (2005) has argued that this, coupled with paternalistic attempts to protect children have ironically served to disenfranchise them and enhance their vulnerability. This has inevitably led to a paucity of research methods that are suitable for eliciting the views of children, and engages with them in an age and culturally appropriate manner. As Lansdown pointed out in 1994, and still pertinent today, in some respects in the specialist field of domestic violence research, ‘we simply do not have a culture of listening to children.’ (p38)

The early 1990s saw a major shift away from viewing children as merely passive recipients of adult socialisation to the conceptualisation of children as active agents, in both their childhood and the social world around them (Uprichard 2009). A constructionist approach towards children and childhood was adopted, and children

were increasingly being seen as active social agents who are able to participate in the construction of knowledge (James and Prout 1990). Research outcomes revealed children's ability to produce valid reports about their everyday experiences, which surpassed the validity of other source reports (Kazdin and Weisz 2003).

In terms of policy, the rights of children to express their views in all matters affecting them became enshrined when the United Nations Convention on the Rights of the Child (1989) became ratified in the UK in 1991. This represented a major turning point for the UK when it was recognised that children have a right to be included in decisions that affect their lives. Article 12 for example, stipulates that:

'State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given the weight in accordance with the age and maturity of the child.' (ibid page 5)

The acknowledgment that children be allowed access to information, freedom of speech and opinion, and the right to be consulted on issues that affect them has also been written into law and practice. The Children Act (1989) importantly formalised a move towards greater recognition of the rights of the child by stipulating that the court should have particular regard to the ascertainable wishes and feelings of the child. In terms of service provision, the document 'Every Child Matters' (2003), emphasised the importance of listening to children's voices on matters that affect them, particularly where services are intended to further children's welfare and promote recovery from trauma. Cavet and Sloper (2004) have also suggested that listening to children's voices in any outcomes-focused research is more likely to lead to a more effective service response for children.

A major step forward in making sure that children are given a voice and are actively involved in services and organisations that relate to them (DfES 2003), was the appointment of the first Children's Commissioner in England in 2005. This culminated in a growing recognition that children's views and perspectives can and should be, elicited on a range of sociological issues (Alderson 2000, Birbeck and Drummond 2007). The studies that have been carried out with children have been found to be extremely beneficial. Children's participation in research is recognised as a powerful instrument in raising children's levels of social and emotional functioning, assisting children to develop a sense of belonging in the community, gain new skills and

experiences, meet new people and build a sense of their own agency (Morrow 1999, Alderson 2000).

Of particular significance is the importance children place on being respected as individuals (Lansdown 2006). The very act of recognising children and valuing their views and experiences through the research process holds out possibilities for children to discover the essence of who they are and their place in the world. While the evidence suggests that there is a compelling case for including the participation of children in research, to date there are still relatively few sociological studies based on children's accounts of their everyday lives (Amit-Talai and Wulff 1995, Graham and Fitzgerald 2010), and, in particular, accounts of their experiences of domestic violence.

### **6.3 Domestic violence research with children**

As noted above, eliciting the views of children on the myriad of services and organisations related to them, is now at the heart of UK government direction (DfES 2004), and over the past decade it has become acceptable, indeed crucial, to talk to children about their life experiences and the outcome of service responses. Thus, if the views of children are to be taken seriously there is a need to elicit these views using research that is rigorous and disseminated widely (Worrall-Davies and Marino-Francis 2008).

In the body of research available however, on children's experiences of domestic violence, there is to date, no clear evidence base available that suggests which method of research is rigorous enough to elicit their views regarding the provision of services designed to stop it. Most empirical research on domestic violence tends to focus on women's experiences of adult male violence (Gondolf and Beeman 2003, Westmarland and Kelly 2012, Williamson 2010), with relatively few studies engaging with children about their experiences. The scarcity of research on children's experiences can be partly explained by the reluctance of researchers to undertake studies on such a sensitive topic, the many methodological and ethical issues involved, and the presumption that children are unsuitable research participants due to the perceived notion that they are incompetent, asocial and acultural in comparison to adults (James and Prout 1990). Subsequently, the limited amount of research that engages with this vulnerable group means there is no clear evidence base to suggest which research method is most effective and methodologically robust in eliciting the views of children.

In light of this lack of evidence, a review of the available published research that included the participation of children on the issue of domestic violence was undertaken. The review sought to identify what research methods have been used and which were most effective in eliciting their views. A total of 18 internationally published research studies were reviewed that used a range of methods both qualitative and quantitative to obtain children's views on domestic violence. These studies are summarised in Table 6.1 below. Also included is the method of data analysis used, the age of sample, and the country of study.

**Table 6.1 Methodological characteristics of the studies of children's views on their experiences of domestic violence (n=18)**

Study	Data Collection	Age	Country
Abrahams, C. (1994)	Interviews	8-17	UK
Baker, H. (2005)	Interviews, focus groups, vignettes, drawings	5-16	UK
Bell, J. and Stanley, N. (2005)	Questionnaires/focus groups	12-13	UK
Burton, S. et al. (1998)	Focus groups, questionnaire, vignettes, drawing	14-21	UK
Ellonen, N. and Poso, T. (2010)	Questionnaire	12-16	Finland
Epstein, C. and Keep, G. (1995)	Telephone questionnaire	11-15	UK
Finklehor, D. et al. (2007)	Telephone questionnaire	10-16	US
Forsberg, H. (2005)	Interviews	6-13	Finland
Hogan, F. and O'Reilly, M. (2007)	Interviews	5-21	Ireland
Humphreys, C. (2000)	Interviews	4-15	UK
Imam, U.F. and Akhtar, P. (2005)	Interviews and questionnaire	8-16	UK
Kelly, L. (1994)	Interviews	10-11	UK
McCarry, M.J. (2009)	Interviews, focus groups and vignettes	15-18	UK
McGee, C. (2000)	Interviews	5-17	UK
Mullender, A. et al. (2002)	Interviews, focus groups, questionnaires	8-16	UK
Thiara, R.K. and Gill, A., (2012)	Activity sheets/semi structured interviews	6-16	UK
Verneghi, M. et al. (2010)	Questionnaire	16	Iran
Weinehall, K. (2005)	Interviews	15-16	Sweden

From the studies conducted, it is evident that a very narrow range of research methods were used, with most studies using only one type of research method. Four of the studies, however, included more than two different types of method. The following sections will document the different types of methods chosen in the selected research studies and consider the value of these in eliciting children's views in my own study.

#### **6.4 One-to-one interviews**

It is perhaps unsurprising that most of the studies in the review have preferred qualitative methods. One-to-one interviews with children, for example, can focus on the interpretation and meaning of the participants and can explore, in depth, what Harris (1976) describes as the 'emic' perspective, that is, the insider's point of view. Harris (1976) suggests that children should be seen, not as passive respondents in the research process, but as partners contributing their own perspective of their own experiences and the ways in which it effects their lives. Both face to face semi-structured and structured interviews with children have provided vital insights into children's lives on the issue of domestic violence (see for example McGee 2000, Mullender et al. 2002, McCarry 2009). Yet it is important that this is both sensitive and age appropriate, and that research moves away from what Alderson (1995) refers to as 'adult-centric', that is, based on adult perceptions of children's experiences.

The influences that affect interviews with adults are relevant to children: establishing rapport, ensuring confidentiality and asking questions clearly, yet there are also other factors that need to be taken into consideration. For example, as noted in chapter three, the social position of the interviewer and the interviewee has implications for data collection when interviewing children (Finch 1984, Fontana and Frey 1994), and these need to be addressed from the outset. For example, when interviewing adults the difference in social position can usually be accounted for by the social matching of gender and ethnicity. However, this social matching is difficult when it comes to adult researcher and child researched (Thorne 1993). The perceived power and status of the interviewer has been shown to affect the way a child responds to a question. Children are also more susceptible than adults at responding to questions with answers they feel are expected of them (Donaldson 1978, Garbarino, Stott and Erikson Institute 1992, Mahon et al. 1996). This can be seen in the work of Hood, Kelly and Mayall (1999), who, reflecting on a study in which children aged 9-12 were interviewed on their understanding of risk, found that children tended to shore up a



picture of happy family life even without being in the presence of parents or other carers. The authors state:

'Sometimes children's reactions suggested they viewed our study as a threat in itself to them and their families.' (ibid p125)

The problem of adult authority in relation to children is acute and particularly so when child and researcher are together on a one-to-one basis, as in an interview situation (Mahon et al. 1996). Because we have no way of knowing how children construct the identity of the individual interviewer, the kinds of issues that children are willing to express their views on can be greatly affected. One way to overcome this is to involve children in the research process (see section 6.8 on Participatory Action Research). It is also important that children are given permission to decline to answer questions they do not feel comfortable with. McGee (2000), in her study of children's experiences of domestic violence explained to the children that they did not have to answer any of the researcher's questions if they did not wish to. In addition, and in order that children had more control over the kinds of things they wanted to talk about, they were asked if there was anything they wanted to add.

The allowing of children to set the research agenda goes some way to establishing a sense of rapport. Morrow and Richards (1996) have suggested that time spent with children designing the research is invaluable and allows a relationship to develop between researcher and researched. This fosters a sense of well-being that can greatly enhance the quality and quantity of responses (Carter et al. 1996, Powell and Thomson 1997). Lamb et al. (1996), for example, suggest that rapport is often developed when interviewers use questions that invite the child to speak freely and children are often far more detailed in their responses when a friendly nurturing approach is adopted. Non-verbal communication is also important in the rapport building stage. Smiling, elevated vocal tone, body posture, and being at the same eye level of the child are all congruent to a friendly approach, and associated with better psychological outcomes for the child (Bourg et al.1999).

Concerns about children's power of communication and cognitive abilities have, in the past, restricted their participation in qualitative research. However, the developing thinking in childhood studies has conversely seen calls for researchers to ignore issues such as age (Solberg 1996). Morrow and Richards (1996), for example, have argued that decisions to involve children in research should not be based on their age;

it should not be a matter of competence, but of recognising difference. Children are not a homogenous group.

Christenson and James (2000) argue that researchers should not be prevented from using a full range of research tools with a variety of age groups as long as they 'resonate with the child's own concerns and routines', and similarly, Scott (2000) argues that children are able to engage with a range of methods, suggesting that the reliability of responses will be greatly increased the closer the questions resonate with their own lives. McGee (2000) interviewed children as young as five years old on the issue of domestic violence. Interviews were kept to just five questions and did not focus on specific incidents of domestic violence that the child had witnessed or experienced. It is therefore possible to elicit rich data from interviews with younger children using age appropriate questions that children can relate to.

Aldridge and Wood (1998) state that when interviewing children under seven years it is important to use questions that ask when, how and why, with caution. Experimental linguistic evidence indicates that children of this age usually struggle because of their limited language ability, rather than his/her understanding or inability to remember (Aldridge et al. 1996). It is important to note however, that there is enormous variation within language development and it is impossible to predict how an individual child will perform (Aldridge and Wood 1998). Mullender et al. (2002), in their research on children's perspectives of domestic violence, chose to set eight years of age as the minimum age for participation. This was decided after discussing the issue with children in the pilot who suggested that children age eight and over would have the maturity, and comprehension to deal with the issues coherently. A semi-structured interview schedule was carefully devised, assisted by some of the children taking part in the study. The draft interview topic guides were checked over by refuge staff for appropriateness. The technique used by the interviewer to ask children questions during an interview is a crucial aspect of the research process. McGough and Warren (1994) argue:

'The accuracy of a child's account clearly depends on the interviewer's skill and sensitivity to children's special vulnerabilities to questioning.' (p14)

Similarly, Aldridge (1992) notes that research findings consistently implicate the questioning techniques used with children as greater sources of distortion to their testimony than any underlying deficits in their cognitive ability. And Walker et al.

(1994) have pointed out that if we ask the research questions in the right way then children of all ages can tell us what they know. The evidence thus suggests that while it is possible to interview even young children on the issue of domestic violence, it is the responsibility of the researcher to consider the questioning technique, as well as asking questions that are appropriate to the development of the child.

## **6.5 Focus group interviews**

With the resurgence of qualitative research over recent years, focus group discussions have acquired prominence, firstly in market research and then within academia (Hill et al. 1996). Despite this, there is a paucity of studies that use focus groups in their research with children (McCarry 2009). Five of the published articles in this review used focus groups as a method to ask children about domestic violence (see Burton et al. 1998, Mullender et al. 2002, Baker 2005, McCarry 2009), however, each of these studies used focus groups combined with other methods of research (i.e. interviews, questionnaires or vignettes) as a form of triangulation.

The rationale for including focus groups with children is unanimous amongst the reviewed articles: focus groups lessen the power imbalance present in a one-to-one interview because the children in the group have the support of their peers. The power differential is thus mitigated, culminating in a less threatening and less intimidating situation (Wilkinson 1998, Kitzinger and Barbour 1999), augmenting confidence in the child and thus yielding richer data (Kitzinger and Barbour 1999, Krueger 1994). For some children however, focus group discussions can cause them to become inhibited and discouraged in voicing their opinion (Hill et al. 1996). Kitzinger (1994) suggests that this can be overcome in many cases by the researcher facilitating communication and peer interaction between group members. However, Borland et al. (2001) argue that even when issues of power imbalance between researcher and researched are addressed and diminished, the issue of peer influences are increased. Greenbaum (1987) suggests that groups be divided into single sex because of the differences in interests between boys and girls. This is a stance advocated by the United Nations Children's Fund (UNICEF 2011) in their guidelines on conducting focus group research with children on the subject of discrimination and violence against girls. Only one of the studies in the review took this approach (see McCarry 2009). UNICEF also recommend that groups be divided in terms of age range (10-13 and 14-17) so that participants are at the same level of development. None of the studies stated that they divided focus groups in terms of

age, preferring instead to use either one age group of young people, i.e. 15-18 years (see McCarry 2009) or 14-21 years (see Burton et al. 1998) for the focus group element of the research.

Studies that include children younger than eight years old tend to use a multi-methodological design that include drawing or vignettes for younger participants (see Baker 2005, Mullender et al. 2002). Both for practical reasons and methodologically, it is important to keep the focus group small in size. UNICEF guidelines suggest groups should include between 6-10 children in order that the researcher can facilitate the inclusion of all. Only one study however revealed the size limit of the focus groups (see McCarry 2009), stating that practically, a maximum of seven was a manageable amount in terms of transcribing the recorded data and being able to 'work out who was speaking' (p97). The difficulty of recording/recalling individual participant's responses was noted by both Mullender et al. (2002) and McCarry (2009) who agreed a set of ground rules with the children at the beginning of the focus group session. These included not interrupting other children when they wanted to speak.

Because of the few reflexive accounts available in the literature on focus groups with children, it is difficult to assess the applicability and efficacy of this method. However, the findings of this review reveal that there are both benefits and challenges in using this method. Undeniably, limited resources, i.e. money and time can be a major incentive for many researchers. From an ethics perspective, parents and gatekeepers may be less wary of a child participating in a group than in an individual interview, and, from a strategic point of view, researchers are able to use observation as well as discussion. The use of focus groups also lends itself to a more 'grounded' research approach (see Glaser and Strauss 1967). They generate descriptions and explanations of the children themselves, grounded in their everyday constructs and theories, and are an effective way of engaging with vulnerable groups. However, suffice to say, focus groups also present challenges in that they are more difficult to control than individual interviews and detail may be lost in the responses of children.

## **6.6 Surveys**

Quantitative research methods are seen as the reserve of those interested in the 'positivist identification of facts' (Tulloch 2000) and conducted with children in order to assess concepts, hypotheses and theories that are often developed by adults. In its extreme form, quantitative research applies experimental approaches or the use of

standardised measures and questionnaires, whereby children feature purely as reactors and respondents to predetermined stimuli and questions. However, as some point out, quantitative research methods provide an important way of exploring the structures within which children live their lives (Qvortrup 2000, Scott 2000). Oakley (1999), for example, argues that there is a need to move away from thinking that qualitative research is the sole methodological approach for researching minority groups and that the methods of research should no longer define the nature of the topic being researched. She argues:

‘We need to examine all methods from the viewpoint of the same questions about trustworthiness. To consider how best to match methods to research questions, and to find ways of integrating a range of methods in carrying out socially useful inquiry.’ (p66)

In terms of the sensitive issue of domestic violence, an anonymised survey questionnaire may enable children to feel less inhibited about providing data rather than their taking part in a face-to-face interview or focus group. Seven of the studies in this review used quantitative methods all in the form of survey questionnaires. Three studies (see Burton et al. 1998, Mullender et al. 2002, Imam and Akhtar 2005) combined a survey questionnaire with qualitative methods (i.e. interviews and focus groups) and four used a survey questionnaire as the sole method of research (see Epstein and Keep 1995, Finklehor et al. 2007, Ellonen and Poso 2010, Verneghi et al. 2010). All of the studies sought to examine prevalence and consequences of violent exposure to children.

An important issue when designing a survey questionnaire for children is the ability to relate the questions to their everyday lives and for researchers to take into account that literacy is a key factor. Questions thus need to be clear, manageable and unambiguous (Scott 2000). This is particularly important when self-completion questionnaires are used as the sole method of inquiry as they do not provide for dialogue between the researcher and participant.

Misunderstandings in operational definitions can also occur, for example, children are especially likely to have concrete and narrow interpretations of terms such as ‘hit’ (which could be interpreted as a punch rather than a slap) and may result in under-reporting (Cunningham and Baker 2004). Verneghi et al.’s (2010) study (participants’ mean age 16) was limited by a lack of consensus on the definition of domestic

violence. They state that 'something deemed a simple argument by one child can be reported as a violent encounter by another' (p1017).

The definition and measurement of the adjective term 'inter-personal violence' is also problematic in survey research. Results from surveys using this term can be misleading because it suggests that domestic violence is bi-directional or, as Johnson (1995) describes, 'common couple violence.' When children are asked to report on domestic violence where the operational definition is 'common couple violence' they can often fail to label attribution and contextual variables that differentiate male to female violence, and female to male violence. This severely skews the results when they are statistically measured as a bi-directional phenomenon. They are, in fact, logically and theoretically two different variables. In most cases it could be argued that children witnessing father to mother violence is a very different experience to witnessing mother to father violence. Surveys that measure 'father to mother' violence and 'mother to father' violence as the same phenomena, rather than analysed as separate variables, can have profound implications particularly in terms of evaluation. Accordingly, when distinctions between types of abuse, age at onset, gender of child, relationship to perpetrator, and the duration of violence are not taken into account, unreliability in the data can occur.

The technique of binary classification is also problematic when surveys analyse groups of children who report infrequent incidents of violence against those who experience frequent and horrific violence. This can severely distort the impact that domestic violence has on the latter group.

The issue of non-English speaking participants, in a general sample, is important when conducting research with minority groups. Imam and Akhtar (2005) sought the views of Black and Asian children through refuges, community networks and organisations that provided support for women and children. Reflecting on their methodology they suggest that the ethnic matching of researcher and participant elicited richer data from the face-to-face surveys they conducted with the children. The researchers, themselves of South Asian origin, suggest:

'The racial and ethnic identity of the interviewer are significant in children choosing to express their feelings and fears of racism.' (p80)

The researchers do concede however, that despite matching South Asian backgrounds, they could not possibly share all the characteristics of the sample.

The setting for the administration of the questionnaires varied for studies in the review. Burton et al. 1998, Ellonen and Poso 2010, Mullender et al. 2002 and Verneghi et al. 2010, opted for a school-based survey, which ensures high response rates. In all three studies parents were informed regarding the nature of the study and informed consent was sought by Mullender et al. (2002). However, in this study the children were key in deciding whether to participate or not by allowing informed dissent. The question arises, however, of how 'voluntary' their participation actually is, when answering questions is part of the organised school day.

A computerised study on the issue of domestic violence was undertaken by Ellonen and Poso (2010) in mainland Finland schools whereby a pilot was undertaken with 100 pupils and the questionnaire was modified after the children's responses. Children could stop answering the questions at any point and extra tasks were located on the same website for those who had finished the survey more quickly than others. A question asking how children had experienced the survey was incorporated at the end. Findings revealed that those children who experienced most serious violence described the survey in both positive and negative terms with girls tending to report more negative feelings than boys in completing the questionnaire. The final question on children's experiences of completing the questionnaire provided the empirical support that survey research with children on sensitive issues is not clear-cut. The authors state:

'Exact recommendations could [not] be made as to whether to stop carrying out such victim surveys or whether to continue such victim surveys without hesitation.' (Ellonen and Poso 2010, p14 )

In a similar vein, Helweg-Larson and Larson (2003) suggest that despite the discomfort some children may feel about answering a questionnaire about violence, many are comforted by the opportunity to pass on information about their experiences.

Telephone surveys are a further method utilised when conducting studies with children on sensitive issues. Epstein and Keep (1995) used taped telephone conversations with children who rang the Childline helpline. Acknowledging the possible distress the research topic may inflict on the child, the survey was conducted by Childline

personnel who were experienced in talking to children on sensitive issues and were thus able to offer advice and counselling on completion of the survey if needed. A further longitudinal telephone survey conducted by Finklehor, Ormrod and Turner (2007) sought to reveal the extent to which children age 12 years and over are victimised and to what degree this persisted from one year to the next.

The Juvenile Victimization Survey (JVS) incorporated the issue of domestic violence into a comprehensive victimisation questionnaire and the numerous findings provided very useful information for reducing and preventing it. There were, however, several limitations to conducting a study with children over a period of years. Despite a large national sample of 1,467 children aged 2-17 (parents or carers took part in the survey on behalf of children aged 2-9), Finklehor (2007) and his colleagues revealed that sample attrition was problematic and that some of the children with particularly adverse life circumstances were difficult to access. 'Telescoping' was also a problem as 'participants can misplace the temporal occurrence of an event in time, possibly reporting the same victimisation for two separate years' (Finklehor et al. 2007). The study also had a limited number of variables with which to examine predictors of persistence and desistence. This meant that important factors and confounding variables related to risk were omitted. Longitudinal studies such as the JVS are therefore only useful when looking at the general features of a population.

It would therefore seem that quantitative research, as a sole means of inquiry, is limited in its ability to inform practice because 'group' is always the only level of analysis. If the 'average' is always highlighted, then others will always be left in the dark, obscuring the features of children who do not cluster together at the mean. It can also be particularly limiting when studying children because of literacy, social gaps between researcher and participant and the topic of research. Some refinement is also needed in measurement techniques in order for research findings to be rigorous enough to design and inform practice. Studies with poor methodologies could ultimately provide wrong conclusions promoting harmful interventions for children who experience domestic violence.

## **6.7 Observational or ethnographic methods**

Observational studies, or ethnography, have produced many fascinating insights and are considered important methods for social scientists seeking the emergence of a more complete picture of a topic (Pearce et al. 2009). They allow the researcher to



study people in their natural setting without their behaviour being influenced by the presence of a researcher. Research with children using ethnographic or observational methods have been used in a variety of studies, i.e. language acquisition (Corrigan 1982), gender roles (Thorne 1997) health and wellbeing (Christensen 2004), and playground bullying (Boulton 1993), to name but a few. Most of these have combined observation with other methods of inquiry (for example, interviews or surveys), in order to provide a deeper, richer understanding of the topic of investigation.

One of the major problems with participant observation however, is that it often requires months or years of intensive work with children. This is because the researcher needs to become accepted as a natural part of the culture in order to ensure that the observations are of the natural phenomenon. The challenge of time limitation was overcome by Banister and Booth (2005), who used a quasi-ethnographic approach when researching children and consumerism. They studied the children using this method throughout the research period, which also included interviews and photography. During the first three months however the researchers used observation methods only. They conclude:

‘The quasi ethnographic element of the research was invaluable for the development of a shared language which inevitably assisted us enormously with developing confident rapport, and we were rewarded with detailed and insightful responses.’ (Banister and Booth 2005, p171)

For this reason, observation is useful in that it enables the researcher to become a familiar sight to the children and rapport can be established before interviews or survey methods are used. In terms of domestic violence research there are no published studies that use observational methods with children, although it has been used to compare the behaviour and interaction of non-maltreating and maltreating parents, clarifying risk factors for children and informing intervention and prevention efforts (Wilson et al. 2008). This approach could be useful when used with children participating in domestic violence support groups, whereby the researcher is present at each session.

## **6.8 Vignettes**

Vignettes are described by Finch (1987) as ‘short stories about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond’

(ibid p105). They have been widely used as a method of research with children (see for example Hazel 1995, Hughes and Luke 1998), and are a particularly useful tool for eliciting the views of children on complex or sensitive topics that they might otherwise find difficult to discuss (and Reynold 1999, Neale 1999, Wade 1999). Issues such as domestic violence can be discussed objectively because they are separated from personal experience (McCarry 2009).

In my review of research on children and domestic violence, three of the studies used written/narrative vignettes (see Burton et al. 1998, Baker 2005, McCarry 2009) as a complementary technique, alongside other data collection methods i.e. interviews, questionnaires and drawings. Vignettes can also be presented in other formats, such as audio and video tape (Cohen and Strayer 1996, Aldridge and Wood 1998), computers (Johnson 2000) and through music video (Peterson and Pfof 1989). There is also the potential to create complex vignette scenarios using video game technology on the issue of domestic violence; a method already used in research on drug misuse treatment (see Rapoza and Urquhart 2003).

It is clear from the literature that whichever format is chosen it is important that vignettes appear realistic to the participant, remain relatively mundane and exclude unusual characters and events (Barter and Reynold 1999). They must also provide clear contextual information but be ambiguous enough to ensure that multiple solutions exist (Barter and Reynold 1999, Seguin and Ambrosio 2002).

Barter and Reynold (1999) have suggested that one of the problems in using vignettes is that researchers often make links between beliefs and actions; how participants respond to the vignette is assumed to be reflective of how they would respond in reality (Barter and Reynold 1999). They suggest researchers use caution when using this technique because of the indeterminate relationship between beliefs and actions. This is borne out in a study by Carlson (1996) who used vignettes depicting domestic violence. Her findings revealed that most participants would leave a violent relationship and seek help, however it has been well documented in other studies that this is not how victims of domestic violence tend to respond (See Dutton 1992, Cavanagh 2003). Hughes (1996) warns, 'we do not know the relationship between vignettes and real life responses to be able to draw parallels between the two.' (p384) Conversely however, Jenkins et al. (2010) have called for researchers to reject the reductionist notion that 'beliefs' and 'actions' are binary opposites. They argue that:

‘...the separation of participants’ responses to vignettes (beliefs) from other forms of their behaviour (actions) is something of a methodological fallacy.’  
(ibid 2010, p179)

Thus, behaviour occurring in an interview can be as illuminating as any other form of social action and therefore a participant’s response to a vignette is a social action in its own right. They go on to argue that discrepancies in verbal and motor-social forms of action can lead to a greater richness of data and provide insights into the vignette process. Used as part of a multi-method strategy, and acknowledging the limitations, the use of vignettes is an attractive methodology for research with children and domestic violence. Using vignettes offers researchers the capacity to control and manipulate variables within the vignettes, such as age and gender to suit each participant, and, because scenarios are hypothetical, children can remain relatively objective.

## **6.9 Participatory action research (PAR)**

Participatory action research (PAR) is not a method of research, rather it is an approach; a set of principles and practices for originating, designing, conducting, analysing and acting on a piece of research. One of the key features of PAR is its aim to challenge hierarchical practices through involving those conventionally ‘researched’ in some or all stages of the research process (Pain, 2004). Reason and Bradbury (2001) provide a useful definition of PAR:

‘...a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview... It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and communities.’ (Reason and Bradbury 2001 p1)

Pain et al. (undated) suggest that while there are many ways to describe research processes that are in some way ‘participatory’: i.e. Participatory Appraisal, Participatory Learning and Action, Community-Based Participatory Research, PAR is distinct because:

- it is driven by participants (a group of people who have a stake in the environmental issue being researched), rather than an outside sponsor, funder or academic (although they may be invited to help).
- it offers a democratic model of who can produce, own and use knowledge.
- it is collaborative at every stage, involving discussion, pooling skills and working together.
- it is intended to result in some action, change or improvement on the issue being researched.
- it is driven by participants (a group of people who have a stake in the environmental issue being researched), rather than an outside sponsor, funder or academic (although they may be invited to help).
- it offers a democratic model of who can produce, own and use knowledge.
- it is collaborative at every stage, involving discussion, pooling skills and working together.
- it is intended to result in some action, change or improvement on the issue being researched.

As a fundamental right of children, the right to participation stands on its own. Indeed, as stated earlier in this chapter, participation is one of the guiding principles enshrined in article 12 of United Nations Convention on the Rights of the Child. The Convention recognises the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and actors of change, and as such, participation must be considered in each and every matter concerning children. In recent years this had led to considerable enthusiasm for children to be included in research as researchers – and ‘even for this to be seen as the ideal research mode, where the research is *by* children and not solely *on* children’ (Tisdall 2012, p186).

However, in terms of research and practice at community level, children form a significant group that is often overlooked. This is, in part, due to a lack of appropriate action research tools (Molina et al. 2011). Taking a PAR approach with children often means that it is in the researcher’s best interests to find tools that differ from those traditionally used. In recent years, researchers have endeavoured to develop new qualitative methods of enquiry for researching children based on task centred ‘child friendly’ activities. This includes utilising a variety of methods such as drawing, photographs, written diaries, video diaries and life narratives. These structured activities, have become increasingly popular within children’s research and are

deemed a more appropriate way for children to put forward their views (Punch, 2002a). Research undertaken by Mullender et al. (2002) with children who have experienced domestic violence, for example, included the participation with children at all stages of the research design. They state:

‘It proved enormously valuable to involve children and young people very fully in the earlier stages of the work. They were able to point out any draft questions they did not understand and one or two non sequiturs or awkwardness in the ordering of questions that confused them.’ (p35)

However, problems have arisen both practically, in terms of paying children for their work, health and safety issues, and conceptually, i.e. the skills required to undertake ‘good’ research (see Tisdall 2012). Furthermore, responding to the recent shifts in thinking about children’s participation, Jupp-Kina (2010) argues that ‘despite advances in practice, a credible and coherent body of theory to inform practice is still lacking and consequently wide variations in the quality of participatory practice have been identified’. (p226) Using a wide range of qualitative methods with both children and staff members at three community projects, the researcher states:

‘... PAR has a potentially valuable role in the development of children and young people’s participation within community-based NGO’s. A deeper understanding is therefore required of the role that participatory research can play in aiding the development of children and young people’s participation amongst practitioners.’ (p238)

The research also identified areas previously underexplored in the participatory action research process. One of the key findings related to the importance of a commitment to the research process by all involved, and a willingness for everyone to learn and change during the process. If those involved are not prepared to include themselves within the processes of learning and change then the participatory experience will always be a fraught one (Jupp-Kina 2010). Notwithstanding, however, participatory action research facilitates a variety of spaces for children to express their views and ideas, and a range of child-centric methods has been developed. The following sections describe three of the task-based methods commonly utilised within the PAR process.

### **6.9.1 Arts based methods: Drawing**

Drawing has been undeniably recognised as one of the most important ways that children express themselves (Malchiodi 1998). It is part of their developmental process, and they tend to respond well to non-verbal forms of communication (Williams et al. 1989). Because of this, Van Manen (1990) suggests that researchers can learn a lot through the visual imagery of children's drawings, using drawings as a tool to provide cues for further inquiry.

The use of children's drawings as a method of inquiry is not new, and was first used in the field of psychology (see Piaget and Inhelder 1969, Berger 1994, Aldridge et al. 2004), as a diagnostic assessment of children. More recently children's drawings have been used in child-centred sociological research (Scratz and Walker 1995, Greig and Taylor 1999), as a way of gaining insight into children's feelings, perceptions and attitudes. Two of the reviewed research studies (see Burton et al. 1998, Baker 2005), used children's drawings as part of a multi-method strategy to investigate the impact of domestic violence. Both studies found this method a useful way to gain the views of younger children, opting for more traditional methods such as interviews or questionnaires with older children. Punch (2002a) however, warns that researchers should not assume that drawings are a simple, 'natural' method to use with children. It depends on an individual child's actual and perceived ability to draw. She states:

'Some children, particularly older children, are more inhibited by a lack of artistic competence, and may not consider drawing to be a fun method.' (p331)

One of the main advantages of using drawings is that it can be fun and creative. Children have more time to consider what they want to portray. They can add to it and change it, giving them more control over what they wish to express. This is unlike an interview situation where responses tend to be quicker and more immediate (see Shaver, Francis and Barnett 1993). Drawing as a method of research with children has distinct advantages, in that it can help to establish rapport by helping children relax.

It is important that children are equal participants in the interpretation of the drawing, and a cognitive constructivist approach should be adopted. This approach posits that drawings should be interpreted carefully with the help of the child's explanation and comments, rather than the researcher's own projective interpretation of the drawings based on commonly accepted symbols (Hamama and Ronen 2009). It is also

important not to assume that all children consider drawing fun (Coyne 1998). The use of drawing as a method of researching younger children however, is a promising alternative to traditional methods of inquiry, particularly on the sensitive issue of domestic violence. It has the potential to provide a wealth of information regarding a child's emotional attitude, particularly in the absence of the appropriate words or ability to express how domestic violence affects them.

### **6.9.2 Arts based methods: Photographs**

The use of photographs as a method of research has become increasingly popular in social science research. Photographs taken by children have been used as interview stimuli (Samuels 2004), as prompts to a child's story (Clarke-Ibanez 2004), to elicit group discussion with immigrant children (Kirova and Emme 2006), and has proved to be an effective way of collecting detailed information. A study by Newman et al. (2006), for example, investigated gender and bullying in schools using photographs taken by children. The researchers state that the use of photographs elicited rich data and led to a far deeper understanding of the issue than a simple conversation. A further advantage to using photographs taken by children is that they can provide structure and focus to an interview and allow children the freedom to talk about issues that represent their own experiences (Fagas-Malet et al. 2010).

The provision of instant or disposable cameras can also denote a level of trust between researcher and child. Children are entrusted with a responsibility to take care of the equipment and carry out the task of taking photographs. This can help to build rapport at the beginning of the research process and, in turn, capture the attention of the child participant for longer. On the other hand, freedom in the use of the camera may result in the camera being used inappropriately. For example, Fargas-Malet et al. (2010) point out that ethical issues can occur in terms of confidentiality when photographs are taken of people who have not consented to being included in the research. In terms of research with children on the issue of domestic violence it is difficult to envisage how the use of photographs would enhance the collection of data given the sensitivity of the topic and what detail the photographs would contain. I would therefore suggest that photographs are not a useful method to use in relation to this issue.

### **6.9.3 Life narratives**

In order to elicit data from children about their life and experiences, researchers have used a wide range of formats. Written diaries are one such method that have been used with children on a variety of research topics, for example, physical education (Groves and Laws 2003), children and digital media (Sjoberg 2010), and children's life routines (Punch 2002a). Written diaries have proved useful in allowing children to make sense of their experiences and have enabled them to talk about their thoughts in a structured way (Fargas-Malet et al. 2010). Punch (2002a) suggests that written diaries are also useful in that they allow the researcher to easily compare the different things that children do on a daily basis. However, there are disadvantages in that written diaries depend on a child's level of literacy. There are also difficulties in ensuring confidentiality for diary extracts. Barker and Weller (2003), for example, have warned of the dangers of parental interference whereby parents have been known to check the child's diary entries, or even go so far as to write their own entries.

The use of video diaries are another method used for collecting data on children's lives. However, because this is a relatively new approach there are few published studies using this technology. Noyes (2004) used the video diary method in researching children with learning disabilities, and Buchwald, Schanz-Laursen and Delmar (2009) asked children to record their daily thoughts about a parent's serious illness. There are several advantages to using the video diary method over written diaries. Firstly, this method does not depend on a child's writing skills, and secondly the researcher is able to examine verbal and non-verbal expressions, finding out aspects of children's lives that would not otherwise be accessible. In a comparison of data obtained through interviews generated by video diaries, Noyes (2004) concluded that the video diary data was more compelling, and of more profound quality, than an interview.

One of the limitations of both written and video-taped diaries is the lack of opportunity for the researcher to immediately probe the information they are given by the participant. For this reason the use of diaries do not stand alone as a research strategy, but do supplement more traditional methods, such as interviews. The use of video diaries as opposed to written diaries, which may seem like school work to some children, hold promise for further research with children. However, in research with children on sensitive issues such as domestic violence, there is a potential for negative emotions to be triggered, resulting in a child needing emotional support that is not



available to them at the time. For this reason, the use of written and video diaries would be inappropriate methods of inquiry into domestic violence unless measures were taken to provide support for participants who experienced negative emotional processes.

Other life narrative techniques used in research with children include the use of story-games in focus group-like sessions. Children are encouraged to give a line of the story one by one until the story is finished. Hart and Tyrer (2006) found story games particularly useful in their research with children who had suffered the consequences of war, and whose own life stories were too traumatic to relay. It is important however that the researcher 'be mindful of the composition of groups and the power relations between individual children' (ibid p26).

The use of life story books have been used in several research studies but were primarily designed to be used in family therapy in social work practice (see Hanney and Kozłowska 2002). They have also been used in studies with children who had been adopted out of care (McSherry et al. 2008), and for people with learning disabilities (Hewitt 2000). Life story books are task based tools that allow children to express their views according to their own level of ability (Fargas-Malet et al. 2010). Each page asks a broad question about a child's life, and this is coupled with an activity such as drawing, writing, using stickers, or using photographs, allowing children to talk freely about a particular issue. Through words, pictures and photographs, life story books provide a detailed account of a child's early history and chronology of their life.

## **6.10 The design and development of a research tool for children to investigate the impact of their fathers' participation on a DVPP**

Within the following section, I describe the process of designing and using the research book used in this study.

### **6.10.1 The genesis of the research book**

Throughout the review of the literature on the varying methods of research that had previously been used with children, I began to critically evaluate how useful each of the methods might be for my own study. Given the nature of my research and the questions I wanted to ask the children, I concluded that none of the methods

previously used in research with children would suffice. I began to think about designing my own tool that would enable me to collect qualitative data in order to investigate the impact of men's participation on a DVPP on their children. I was particularly interested in the life story book method (see section 6.8.3) used by McSherry et al. (2008), and the ways in which the researchers used this as a tool in their study of adopted and fostered children. Here, the life story book focused upon children's pathways through care, and involved interviews with children who have been adopted from care, who have remained in care on a long-term basis, and who have returned home from care (McSherry et al. 2008). Interviews dealt with issues such as the concept of family, belonging and identity. I was aware that while life story books have been widely used as a therapeutic tool for children, there have been few studies that have utilised them as a tool for research, and none have been used in research with children on the issue of domestic violence.

I concluded that the tool could be adapted and would be sensitive enough to allow children to speak out about the impact of their fathers' participation on a domestic violence perpetrator programme. The life story book also fits well within a feminist framework. It is both a visual and narrative method of inquiry that focuses on the lives and experiences of children and allows them to tell their story. The life story book (subsequently named the 'research book' for this study) included a variety of tasks that children could complete while talking about their experiences of their fathers' participation on a domestic violence perpetrator programme. I was keen to engage with the children in an interactive manner and thus agree with Banks (2001) who has stressed:

'Social research has to be about engagement, not an exercise in data collection...swooping god-like into other people's lives and gathering 'data' (including visual data) according to a pre-determined theoretical agenda strikes me, not simply as morally dubious but intellectually flawed.' (p179)

The above quote starts as an excellent starting point in describing the philosophy underlying my own study. My aim was to engage with the children in a way that enabled me to reflect deeply and observe more fully the diversity of their experiences of their fathers' participation on a DVPP.

### **6.10.2 Consultation**

After my decision was made, regarding the use of the life story method for interviewing children on the issue of domestic violence, it was important that I shared my ideas with practitioners at grass roots level and other experts in the field, in order to find out their views on my proposed research tool. I thus forged links with children's workers from two North East based children's projects. One project was a national children's charity that provides services for children on a range of issues i.e. sexual exploitation, mental health. The other was a community based domestic violence project that provides support services for both women and children who have experienced domestic violence.

A meeting was arranged with two of the children's workers from each of the projects. These meetings provided me with an opportunity to discuss my initial ideas regarding the research tool and gain feedback from the children's workers on their perception of its usefulness in terms of answering my research questions. All children's workers agreed that the research book had the potential to elicit valuable information from the children regarding the outcome for them of their fathers' participation on a DVPP. Children's workers also offered valuable feedback in the early stage of development, on the types of questions I might ask the children that would be sensitive enough to elicit information regarding their experiences of their fathers' violence. I asked the children's workers from both projects if I could photocopy pages from some of the therapeutic tools they had given me to peruse so that I could use them to initiate some ideas for illustrations for the research book. They kindly agreed and provided me with both photocopied material and service leaflets. I arranged a second meeting with the children's workers at a later date in order for them to provide feedback on a draft copy of the research book.

After my consultation with the children's workers, and following a meeting with my PhD supervisor, I was invited to attend a meeting with the Research Advisory Group. This group was first convened by Respect in April 2009 to oversee the development of the overall Mirabal research project and to provide guidance to the research team. The group comprised of key academics, policy makers and practitioners. Overall, the meetings with both grass roots level practitioners and other experts in the field proved invaluable in giving me direction on the initial design and development of the research book. On their suggestions, the research book was limited to ten open questions framed as tasks and kept to a manageable level to accommodate the youngest

children, and to avoid them becoming bored and restless. Both groups of consultants also reflected on the fact that adult perceptions are not always in line with what children may want, and that consultations with children were also necessary. Indeed, the United Nations Convention of the Rights of the Child (1989) states that a child who is capable of forming his or her own views has the right to express these views freely and to have their views given due weight in accordance. Subsequently, children's views on the design of the research book were to be included in the piloting stage in order that children were able to identify wording and phrases that they might struggle with (see section 6.9.4). The changes which were made as a result of these consultations included:

- A question was deleted as it overlapped with another.
- The research tool was originally named a 'work' book. Feedback from consultants suggested that this term may discourage children from participating as it is reminiscent of school/homework. It was decided that the book be renamed research book in order that children have an understanding of research and its significance to change.
- It was suggested that some of the activities in the research book were costly and may well be out of reach financially for some families. For example, eating out in a restaurant can be an expensive recreational activity for families, but eating out at a fast food chain is a relatively cheap alternative.
- The term 'lawn' was replaced with 'garden'. It was then decided that the word garden be removed as many children do not live in a house with a garden.
- Children use varying terms for domestic violence perpetrator programmes. It was decided that due to the variation in these terms, i.e. group, project, programme, these terms would be used interchangeably or to the specific term used by the child during the interview.

I further consulted with a fellow doctoral researcher at the university who would undertake the illustrations for the research book. These meetings consisted of examining the questions and choosing illustrations that would a) appeal to the children and b) elicit the data and c) be sensitive to children's experiences.

### **6.10.3 Design of the tool**

Given the minimum age (seven years) of the children I would be interviewing, it was especially important for me that the tool was appropriate for empowering children to

formulate and share their views and experiences. I decided on a combination of visual methods and narrative to allow children the opportunity to engage fully in the research. These would include picture drawing, letter writing, Likert type scales, smiley faces, and comparing family activities before and after their fathers' participation on a DVPP.

The significance of using visual methods of enquiry with children lies in the process of the children's *active engagement* in the research process. I also wanted the tool to be flexible, with no right and wrong way to complete the research book, this meant that the design had to allow me the flexibility to adapt my interviewing technique to the child's developmental stage, interests and abilities. In order to keep the child interested and to encourage full participation, I endeavoured to design each task based question to elicit a different response. Thus I designed each page differently with each requiring a particular activity to be carried out. Care was taken to position each of the task based questions sequentially within the book (easy questions first) to encourage children to feel comfortable. I also ensured that each topic or question was broad enough to allow the child to talk freely about a particular issue, Harden et al. (2000) suggest that children may feel more comfortable communicating their feelings this way.

The sensitive nature of asking children about their fathers' participation on a domestic violence perpetrator programme prompted my decision to include children's drawings as part of my research design. Punch (2002a) suggests that using a mixture of materials and techniques provides children with time to think about what they would like to communicate so they do not feel pressured to give a rapid answer, as well as giving them choice and control on how to express themselves. Similarly, Thomas and O'Kane (1998) have suggested that innovative child centred methods can assist children in talking about more complicated and sensitive issues.

#### **6.10.4 Ice breaker questions**

It is recommended that in any qualitative study, that involves children as participants that researchers should start by asking the child about things that he or she already knows, or sees as relatively unthreatening. Cameron (2005), for example, suggests that this period of 'free narrative' facilitates 'both the child's settling-in phase and the interviewer's grasp of the child's communication style and concerns' (p601). The first three questions were thus designed to put children at their ease by asking their age, favourite TV programme, and the person they would most like to be. The main aim of

this was to facilitate rapport with the child (Morrow 1999) and gain their trust in talking to me about their fathers' participation on the programme. Figure 6.1 below illustrates the ice breaker question in the research book.

**Figure 6.1 Ice breaker question**

Please could you tell me a little about yourself?

Age: \_\_\_\_\_

Fave TV Show: \_\_\_\_\_

Person would you most like to be: \_\_\_\_\_

The form is decorated with several icons: a slice of chocolate cake on a plate, a slice of pepperoni pizza, a red rose on a green stem, and a purple toothbrush.

#### **6.10.5 Space for drawing**

After the three ice-breaker questions I decided to locate a space for children to draw a picture of themselves that would provide a focus away from me as the researcher. As Arrington (2001) suggests, drawing serves both as a relaxant and as a means of reducing defensiveness, thus enhancing communication. Drawing also taps into a variety of senses: tactile, visual, kinaesthetic, in ways that verbal processing alone does not. As Malchiodi (1990, 1997) argues, drawing provides 'self-soothing' experiences, reduces stress and ameliorates post-traumatic stress reactions. Shapiro and Forrest (1997) further suggest that the rhythmic actions involved in drawing and colouring are reminiscent of the movements used in trauma interventions, such as Eye Movement Desensitization and Reprocessing (EMDR). In terms of drawing for research purposes there are no set rules for the use of children's drawings. As Driessnack (2005) observes:

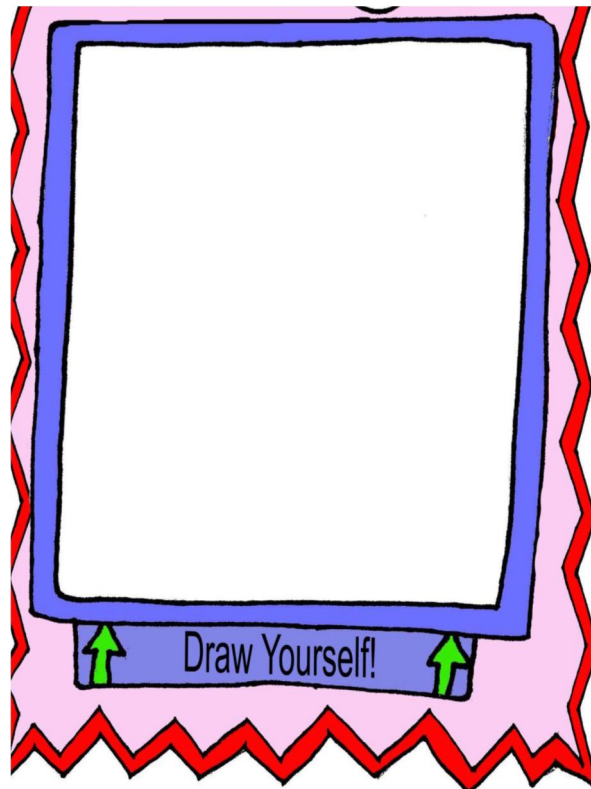
'Once thought of as 'windows' to children, their drawings might better be viewed as 'doorways' thereby inviting an entry rather than a momentary glimpse into children's worlds.' (p416)

Drawing is a way that many children can communicate their feelings and has in recent years become increasingly popular in research with children (Krahn 1985, Poster 1989, Bellack and Fleming 1996, Wesson and Salmon 2001). Drawing allows children to express themselves and communicate freely, and is especially useful for those with low literacy skills (Young and Barrett 2001). Drawing is also relatively free of cultural bias, which means information can be obtained from children regardless of their age, sex, socioeconomic status or ethnicity (Bellack and Fleming 1996, Di Leo 1983). Polit and Hungler (1999) further suggest that using children's drawings as a method of research can yield a richer more specific kind of information that no other method can offer.

Given the sensitive nature of domestic violence therefore, and the limited verbal ability of some children, I felt that drawing would be a particularly appropriate method of inquiry in my own research. Using drawings to elicit children's perceptions of their families and support systems has several advantages; they required no simple right answers, they are non-threatening, they are suitable for children who may give socially desirable responses, and they help identify feelings and desires that children may not be consciously aware of or able to express verbally (Lynn 1986, Faux, Walsh and Deatrick 1988, Poster 1989).

The idea of including children's drawings as a task in the research book derived from the concept of Human Figure Drawings (HFD) which originated in the 1920s by Goodenough (1926) and later by Koppitz (1969) and Di Leo (1970). While originally used to measure children's intelligence, they have also been integrated into clinical paediatric and child health practice, and are capable of offering insights into a child's interpersonal relationships (Burgess and Hartman 1993). In more recent years, HFDs have been used as a source of research data rather than a clinical or educational diagnostic tool. The use of children's drawings as research data has been used in studies investigating street children in Kampala (Young and Barrett 2001), physically maltreated and non-maltreated children (Veltman and Browne 2000), children with Attention Deficit Hyperactivity Disorders (Kibby et al. 2002) and children's perceptions of dental healthcare (Wetton and McWhirter 1998). Significantly, much of this work helped to establish that whilst children were able to express particular emotions visually, they often lacked this ability when relying solely on written or spoken words. Figure 6.2 below illustrates children's space for drawing in the research book.

**Figure 6.2** Children's space for drawing

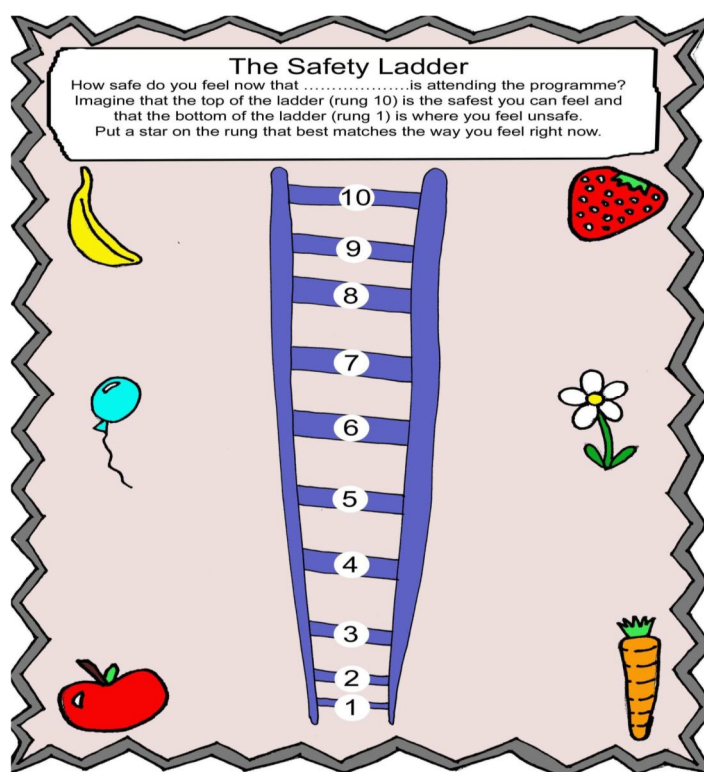


#### **6.10.6 Assessing children's perceptions of safety**

As chapter five illustrated, the effects of domestic violence on children can be far-reaching, and their feelings of safety can be compromised when they are living with ongoing violence. After their fathers' participation on a DVPP I was keen to investigate the impact of this on children's perceptions of safety. Figure 6.3 below shows the safety ladder to assess children's perception of safety.



**Figure 6.3 Assessing children's perception of safety**



#### **6.10.7 Other tasks**

The remaining tasks within the research book address the kinds of activities the child did before their father's participation on the programme and now, and their feelings about their father's participation on the programme<sup>1</sup> (see appendix 12 for a copy of the research book).

#### **6.11 Piloting the research book**

Pilot studies fulfil a range of important functions and can provide valuable insights not just for the main study but for other researchers who may be embarking on a similar study. After consultations with a range of adult experts on the design of the research book, I was keen to pilot the research book with children who were around the same age as my potential participants for the main study in order to ensure that the language was appropriate and the length acceptable. I also aimed to administer the research book to the pilot participants in exactly the same way as it would be administered in the main study.

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<sup>1</sup> The illustrations for the research book were undertaken by fellow doctoral student Nathan Griffin, School of Applied Social Sciences, Durham University.

The piloting took place with four children; three girls, aged 10, 13 and 15 years and one boy age seven years, on three different sites. The non-violent parent was approached by the project support worker who asked if they would consent to their child participating. An information sheet was made available so that parent and child could discuss whether they wished to participate. If parent and child agreed to participation, parents were asked to sign a parental consent form prior to the interview taking place. Children gave their consent to participate at the start of the interview.

I conducted the interviews at a location that was convenient to parent and child. Two of the children (girls, aged 13 and 15 years), chose to meet with me at the children's support project with the two younger children (girl age 10 and boy age 7) choosing to participate in the interview in the familiar surroundings of their family home. At the start of each interview I recorded the time taken to complete the research book. This, I realised varied considerably between participants. For example, the interview with the two older girls were completed in fifty minutes; the interview with the 10 year old girl took over an hour; the interview with the seven year old boy took considerably longer to complete at one hour and forty minutes. This alerted me to the fact that I would need to be flexible in terms of time (for the main study) and to plan well-spaced time slots for interviews to take place.

A further discovery during the pilot study was the fact that in the case where the perpetrator was the child's stepfather, even the younger children would refer to him by his first name rather than 'dad'. I wanted the children to use the language they were familiar with and thus established how they preferred to address their 'father' prior to the interview beginning. I also made changes to the research book by replacing the word 'dad' with a space to insert the word that each child used to refer to their father or stepfather.

Kay et al. (2003) have warned that when research involves sensitive issues (such as domestic violence), it is particularly important for researchers to be vigilant for signs of a child's distress, which can often be seen in their response to certain questions (i.e. changing the subject or sudden silence), and to respect children's reluctance to answer questions that might be difficult or painful for them. During the pilot study I was sensitive to the impact of the research process on each child individually by actively listening to the child's tone of voice and watching his/her body language. I also wanted to be open to hearing the unique experiences of the child I was interviewing; what the child found painful, joyful or confusing. At intervals during the

interview I asked the children if they were feeling okay and whether they wished to continue.

I also asked if they understood the research questions and whether they thought the research book needed revising in any way. While all of the children said they thought the questions in the research book were 'okay', an issue arose that I had not anticipated. One of the girls (age 15 years) suggested she found the research book 'babyish'. I listened intently to her objection to using the research book and we decided together that for future interviews with older children I would design a different version of the tool and allow each individual child to choose the type of interview they would prefer.

#### **6.11.1 Reflections on the development of the research book and the piloting phase**

Developing the research book took considerably longer than I anticipated. My review of the literature was in-depth, incorporating an exploration of the different research methods used with children. I also examined current issues on the new sociology of childhood and analysed how these relate to the process of researching children's lives in general, and to my own research in particular. I felt, however, that my consultations with children's workers on the design of the research book made the process real. The genuine interest of the workers was almost tantamount to excitement that this long awaited piece of work was being conducted. Their suggestions and that of the research strategy group were an invaluable resource for a 'novice' children's researcher like myself. As stated earlier, although I have interviewed adults in several different contexts, I had never interviewed children. However, I have always felt confident in my skills as an interviewer and have experienced many difficult situations. For example, my work with survivors of domestic and sexual violence involved a great deal of sensitivity as the process of talking about women's experiences was often very upsetting. Like Harden et al. (2000) prior to their research with children, I began to experience concerns about the process of collecting the data from the children, rooted in my own lack of experience in interviewing children. I comforted myself in the knowledge that the research tool was specifically designed to encourage children to express themselves through drawing and writing based on the assumption that they find this an easier way to communicate than one-to-one verbal communication. Indeed, as James et al. (1998) argue:

‘Engaging children in what might be called ‘task-centred activities’ which exploit children's particular talents and interests might provide a better way of allowing children to express their ideas and opinions than the use of more ‘talk-centred’ methods such as interviews or questionnaires.’ (James et al.1998, p190)

However, during the piloting phase I began to question my underlying assumptions behind my choice of using ‘task based’ methods. Did I really need to create a special technique in order to communicate with children? Is it really more difficult to communicate with children than with adults? On reflection, I believe that in the beginning I chose the research book not only because I thought it would be easier for the *children* to communicate, but also because it was easier for *me* to communicate.

I had certain fears, assumptions and attitudes that I thought might affect my behaviour in the interviews, for example I was always mindful that the interviews would elicit sensitive information that may cause the children distress. My fear manifested itself during the first pilot interview when I became acutely aware of my own behaviour; I was being particularly careful not to appear patronising, and I was constantly checking my behaviour, making sure I was conducting myself appropriately (Harden et al. 2000). It was during these first interviews that I experienced more concerns about the process of data collection and self-doubt about my own research skills, than I have ever felt before. I believe these concerns were rooted in my own lack of experience in interviewing children, which led me to make these assumptions regarding the difficulties I may encounter. I realised that I needed to strike a balance between being a ‘researcher’ and being a ‘friend’ to the children. I was aware that this could be difficult given the highly structured and primarily unequal nature of adult-child relations and the fact that some children may feel uneasy with my attempt to befriend them.

It was during the first pilot interview that I decided to use an effective strategy recommended by Punch (2002b); react to the children and follow their guidelines (p48). In order to do this I knew I needed to strike a balance between using the tasks in the research book and using straightforward conversation. In other words, I needed to be flexible, utilising the tasks as a stimulus for talk rather than evidence in their own right. On reflection, I liken my approach to that of participant observation, in which I was able to gain a truer account of the children’s lives because I was able to establish a relationship with the child and so gain a fuller picture of ‘what they really think’ (Ennew 1994 cited in Harden et al. 2000, no page number).

### **6.11.2 Value of the research book**

The research book allowed me to get closer to understanding the children's experiences than I would have been able to do with other methods, such as questionnaires or 'just talk' interviews. Despite the fact that monologues given by children tend to be shorter and more rapid compared to adults, I found that they were easier to pick up on and probe further with the research tasks, keeping the children interested and allowing them to both talk and draw, subsequently eliciting richer data. I found, however, that interviewing children presented different challenges to interviewing adults. Overcoming these challenges involved using one of the key skills needed by researchers 'thinking on your feet' (Harden et al. 2000). This is particularly pertinent when undertaking research with children and the research book was very useful in refocusing children to the task in hand. For example, during completion of tasks the children would often want to talk about topics that seemed irrelevant to the research and to engage me in conversation on these topics. The research book thus enabled the conversation to be redirected by skilfully linking the conversation to the task. For example, one child started to talk at length about her cat, after a while I asked her if she would like to include her cat in the drawing of her family. This quickly re-engaged her with the interview process.

The children themselves were in control during the drawing phase and when asked about the images they had drawn, were able to talk openly and freely. I observed that as the children were drawing they became absorbed in what they were doing, but were also able to carry on a casual conversation with me about their drawings. Conversations during the drawing tasks consisted of a variety of topics. However, the combined process of drawing and discussion proved to be extremely useful in helping me to access aspects of the children's stories that would generally evade conventional techniques. As Hill et al. (1996) suggest, task-based activities, which engage young people as active participants in the research process, are not only more fun for children than traditional methods but they are also believed to enhance the child's ability to communicate his or her perspectives to the adult researcher 'at the point of data-gathering'. I believe the research book helped to impart more authentic understandings of children's lives as they are lived (Greene and Hogan 2005, Barker and Weller 2003, Punch 2002b).

### **6.11.3 Use and limitations of the research book**

Using task based methods of research for children through drawing, for example, is based on the assumption that children find this an easier way to communicate than one-to-one verbal communication. This, however, presupposes that sociologists have the skills to analyse the responses given through drawings and it can lead to reading in meanings, which may not be there for the children themselves. Drawings were included in the research book however, not for visual analysis but in order to facilitate discussion with the children and create rapport only.

The research book was also limited by the age group of children in the sample. Realistically, the upper age limit as determined by the children themselves turned out to be around 10-12 years, depending on their developmental level, rather than 16 years as I had envisaged. All the children over 12 years subsequently opted for the more 'grown up' semi structured interview schedule.

The research book was also limited by its length. This was purposively kept short and limited to ten questions in order to prevent the children from feeling bored and restless. However, as so often happens at the end of qualitative interviews, and when the mini disc recorder has been turned off, the children carried on talking after the interview had concluded. The problem here is that when such after-the-fact conversations are not recorded and the material is interesting it is ultimately difficult to use given it is not covered in the written and signed consent form. On reflection, because of the children's readiness to discuss the most sensitive topics after the taped interview, perhaps further questions could have been added to the interview schedule and the research book on the father-child relationship.

### **6.11.4 Originality**

In recent years there has been a plethora of research evaluations on the efficacy of DVPPs. Data used to assess successful outcomes have relied on a variety of reports; from police, partner reports and perpetrators themselves. As community-based perpetrator programmes take an increased proportion of referrals from children's services, it is the outcomes for children of their fathers' participation on a programme that requires specific attention. Children themselves often have a unique perspective of domestic violence (Scottish Government 2008) and it is important that these are added to the framework.

I am aware of only one study that has asked children directly about their views of DVPPs. This small scale practitioner-led research study was undertaken by Rayns in 2010 for NSPCC. Findings suggest that children have limited knowledge of perpetrator work, but are aware that programmes are linked to violent behaviour and attempts to change it.

My own research adds to this emerging body of literature and includes both professionals and children's views about the outcomes for children of their fathers' participation on a DVPP. Moreover, I felt that this under-researched area required a unique approach. My review of existing research methods with children culminated in the development of the research book in order that we can have a deeper understanding of what children hope for when their father attends a programme.

While all elements of the research book have previously been used before in research with children, for example: drawings, Likert scales, smiley faces and letter writing, the research book combines all of these together, thus providing children with the possibility of responding in ways that do not dredge up painful experiences and cause further harm (Ennew and Plateau 2004).

## **6.12 Conclusion**

In the past, the exercise of agency - that is, the ability to actively shape one's own social world and influence the lives of others - was thought to be determined by one's position in society. Children were thus viewed as 'incomplete' and had little or no role in their own development. Such a view of socialisation has been largely discredited in recent years due to the ideas associated with feminism and the work of researchers, who have demonstrated the way women, and other disempowered groups, exercise agency (Hart and Tyrer 2006). This chapter has highlighted that disempowered groups, including children, can have influence over their own lives and the environment in which they live. This concept is now enshrined in the development of children's rights, in particular, the United Nations Rights of the Child (1989) and in the UK, the Children Act (1989). In research terms, the reframing of childhood led to an important shift away from traditional approaches, which posit that children are merely objects of inquiry, to an approach in which children are encouraged to actively participate. This move has led to a plethora of methodological debates over which methods are appropriate for eliciting the views of children, given that they possess different competencies from adults. Recognising these inherent differences and the

need for flexibility and adaptability, an extensive range of tools and novel techniques have been developed in recent years, for carrying out research with children (Punch 2002a).

Taking into consideration the ethical issues involved in researching children, it is important that methods chosen fit the aims and objectives of the individual study, and the characteristics and needs of the participants (Fargas-Malet et al. 2010). A review of the literature on methods used in research with children and domestic violence revealed that most studies chose traditional approaches, i.e. interviews, surveys, vignettes and focus groups. In terms of studies with children on other topics of enquiry, a variety of 'child centric' methods have been used. While creative and innovative, most of these methods are inappropriate when researching children on the sensitive nature of domestic violence due to the potential risk of trauma and the need for support for children who participate. The development of the research book, which included consultation with children's workers, members of the strategy group and children themselves subsequently led to the refining of the tool. Utilising an element of PAR, I invited the children in the pilot study to identify further potential problems which led to an age appropriate semi-structured questionnaire being drawn up so that children could choose which method they preferred to be interviewed with.

The process of developing the research book was one of continuous reflection and consequently continuous learning. Whilst this is integral to any research study the experience of undertaking the development of the tool highlighted a key area: my own fears and anxieties about interviewing children and how these were overcome by allowing the children to valorise their knowledge and experience, and by recognising and actively encouraging their individual agency (Kesby 2000).

In the following chapter I reveal the findings from children derived from the research book and also from the semi structured interview schedule used with the older children.



## **CHAPTER SEVEN**

### **Children's Views**

#### **7.0 Introduction**

The United Nations Convention on the Rights of the Child (1989) states that children are capable of forming their own views and must be given the right to express them in all matters that affect them (article 12). However, the extent to which children are routinely heard has been questioned (McLeod 2007), particularly with regards to domestic violence interventions.

One of the key objectives of most DVPPs is that women and children are safer. Since men are increasingly referred by Children's Services and from the Family Court, 'safety' should mean more than physical safety. It also needs to encompass physical and emotional health and well-being; happiness; freedom from fear and/or having to protect their mother or siblings. However, children's voices have been absent in domestic violence perpetrator research to date, and potential outcomes for children have instead been defined by the reporting measures of perpetrators and their partners/ex-partners. The aim of this chapter is to counter this by starting to bridge this knowledge gap. Data from interviews with younger children using the research book, and from semi-structured interviews with older children will be presented in order to contribute to knowledge of children's awareness of DVPPs; who tells children and what is their understanding?

The chapter goes on to examine the types of support available, both direct and indirect, for children and the support networks children build for themselves with family members and friends. Children's perception of safety in relation to community based DVPPs, taking into consideration life before and after their fathers' participation. Finally, the chapter will conclude with data that reveals what children want and expect from their father in the future, and an overall discussion of findings.

#### **7.1 Research question and themes**

Using the research book and semi structured interview schedule with children, the data presented in this chapter answers the following research question:

‘How do children experience their fathers’ participation on a domestic violence perpetrator programme and how have their lives changed as a result of this intervention?’

In order to answer this question the interviews and research books explored the following topics:

- Do children feel different about their father before and after his participation on a DVPP?
- How does children’s quality of life differ before and after their father’s participation?
- How are children informed about their father’s participation?
- Do children feel safer when their father has participated in a DVPP?
- Would children recommend a DVPP to other children experiencing domestic violence?
- Do children have more trust in their father after his participation in a DVPP?

Thirteen interviews were undertaken with five boys and eight girls aged between 7-16 years old whose father had recently completed, or were at least two thirds of the way through, a DVPP. The research sample was drawn from three Respect accredited domestic violence perpetrator programmes in England with associated direct support services for children. The interviews with children (including the recordings of the completion of the research book) were transcribed verbatim, and from this and the research books themselves, five common themes emerged (see chapter three for my approach to thematic analysis).

The five themes were:

- Children’s awareness of the programme
- Family and Support
- Domestic violence: Life before DVPP
- Father-child relationship
- Children’s perception of the value of DVPP

These five themes are now described in depth, using direct quotes from the children from the interview transcripts and the research books.

## **7.2 Children's awareness of the programme**

As described in previous chapters, research with children on the issue of domestic violence has revealed that children's active participation in sharing their views is crucial to their ability to cope with their experiences and build resilience. Children want to be listened to and taken seriously as participants in the domestic violence situation, and to be actively involved in finding solutions and making decisions (Mullender et al. 2002 p121). With this in mind, I sought to investigate what children knew about the programme and the ways in which they had been informed of their father's participation.

### **7.2.1 DVPPs: Children's understandings**

It was important to me that all children participating in the research were aware that their father had attended or was currently attending a DVPP and felt comfortable talking about it. Indeed, my sampling criteria stipulated this issue due to its centrality to the research question (see chapter three, section 3.3.3). I confirmed children's knowledge, regarding their fathers' involvement with DVPP, with their support workers and also whilst gaining parental consent. During the course of the interviews however, I became aware that several of the children tended to use language that hid the true meaning of their fathers' participation. One girl, for example, (age 15) initially appeared confused by the question regarding DVPP and asked:

‘Do you mean when dad went on the course?’ (Samantha age 15)

After clarifying with Samantha that it was the DVPP she was referring to, I continued the interview, using her language rather than mine. Samantha's response illuminates the way some parents may feel the need to conceal the seriousness of the perpetrators behaviour by referring to the programme as a 'course' (Alderson et al. 2013). This obscuring of information was also evident in interviews with children's support workers. One worker told me that when working with children:

‘...It's not called a perpetrator programme, it's referred to as something like, 'working with your dad'. (Children's support worker)

The quote above illustrates the different terminology used amongst DVPP workers to describe the perpetrator programme. Terms such as 'course', 'programme', 'class',

‘working with’, and indeed ‘domestic violence perpetrator programme’ were all words I heard used in different contexts during my interviews with both workers and children. ‘Anger management’ was a term commonly used amongst the children. In recounting how she was told about her father’s participation on a DVPP, Samantha said:

‘Dad introduced us to [name of programme facilitator] and told us he was going to help him sort out his anger problems. He said he was going on an anger management type thing and that it would help him to calm down.’ (Samantha age 15).

During the course of the interview Samantha often referred to her father as having an ‘anger problem’ rather than a ‘problem with violence’. There is a common assumption that the mismanagement of anger and the perpetration of domestic violence is one and the same thing. It is understandable that children, in particular, may comprehend domestic violence in this way, however, the confusion also appears to persist amongst perpetrators too, despite the different approaches taken. Respect (2013) have argued that anger management is not always an appropriate intervention in domestic violence cases because perpetrators do not always have a problem managing their anger in other situations. However, they often use violence and abuse as a mechanism of power and control over their partner. In their organisation literature, Respect (2013) state:

‘...there does not appear to be any evidence that a generic anger management programme, in and of itself, is capable of ending violence in intimate relationships.’ (p15)

It has been well documented that there is limited evidence of success in using anger management techniques to address men’s violence against women (Debbonaire et al. 2005). The Respect statement, above, argues that domestic violence, encompassing coercive control, sexual violence, emotional and psychological abuse, cannot be explained by a ‘loss of temper’. For a father to tell his children that he has an ‘anger problem’ means he is missing out on an opportunity to discuss with them the broader issues of gender inequality and violence (Lombard 2013). Parents often argue that children are too young to understand the issues surrounding domestic violence (Alderson et al. 2013). This however has recently been challenged by Lombard (2013) who interviewed 89 primary school children age 12-13 years on the issue of men’s violence against women and gender inequality. The children engaged fully in the

research and generally had a wider understanding of the issue than the researchers first anticipated. This highlights the need to engage with primary school children on a national level through the curriculum, promoting positive respectful relationships, issues of control and sex education (Lombard 2013).

Excerpts from children's 'letter to dad' highlighted again the tempering of information by adults used to explain the causes of their father's violence. These letters revealed that some children understood their father's violence as a medical condition rather than an issue of power and control. In their 'letter to dad', a significant number of children referred to their father as 'getting better', illustrating how children believe the source of violence lies in individual pathology. Extracts from 'letters to dad' below illustrate this:

'Hi, I think that the group has helped you get well and made us feel good. I hope you keep trying to get better. Thank you for trying to get better and come this far. Love from [name of child].' (Leah age 8)

'I hope you keep trying to get better.' (Rosie age 10)

'Thank you for trying to get better and come this far.' (Emma age 9)

Another child, when asked what advice he would give to a friend whose father was using violence, said:

'The group's good. Dad's a lot better, he feels better too. See if your dad wants to try the sessions out. It's good.' (Chloe age 13)

Research has consistently told us that children experiencing domestic violence prefer honest and open communication (Mullender and Morley 1994, McGee 2000, Radford 2011). Adults' tempering of the language used with children can cause confusion about their father's violence. It both prevents the enhancement of communication skills and hinders emotional awareness for the child (Lombard 2013). Discussing sensitive issues with children is highly skilled work and requires sufficient time to build a trusting relationship with them (Cossar et al. 2011). Lessons can be learned from the way social workers tackle sensitive issues with children. Luckock et al. (2006) suggest that children need time, space and resources to enhance communication. Social workers need to work at the child's pace and tailor their communication style to

the best way of communicating with individual children. For example, using a variety of tools, interviewing techniques, listening and using other creative techniques, and child-centred communication (Lefevre 2013). Fathers are clearly in a pivotal position to learn these skills within the context of a DVPP.

The use of age appropriate language is also an important factor when talking to children about domestic violence. However, merely taking a child's chronological age into consideration cannot always be used as a measure of a child's ability to understand. All children develop over time and at different rates, so some information and the terms used to describe certain things are not always appropriate for children who have not developed the resilience necessary to address adversity.

Resilience, rather than age needs to be a key factor in communicating openly and honestly with children. Building resilience is important for children experiencing domestic violence (Grotberg 1995). Research has identified a number of specific factors that contribute to building a child's resilience; emotional support outside of the family, self-esteem, and encouragement of autonomy (Brooks 1992, Garbarino et al. 1993, Grotberg 1995, 1998), factors that DVPP children's support workers strive to provide. Interviews with DVPP workers illustrated how a child's vulnerability to anxiety, challenges, stress or unfamiliarity determines his or her self-perception and thus level of resiliency.

It is therefore necessary for adults to gauge the level of resiliency of individual children, looking to the response of each child as the touchstone of the effectiveness of the language used. Wherever possible communication should include an open and honest dialogue with children who are resilient enough to understand and cope with the issues surrounding their father's participation on a perpetrator programme (Grotberg 1995). Parents, and fathers in particular, are at a great advantage in being able to integrate discussions of participation in a DVPP with a knowledge of the child's level of resilience and what the child already knows.

### **7.2.2 How children were told about their father's participation on a DVPP**

As noted in chapter five, there appeared to be little consistency around how and by what mechanisms children are told about their father's participation on the programme. I thus provided space in the research book for children to tell me who told them about DVPP. Four of the children reported that while they were aware of their father's

attendance, they could not define or remember who had told them or when this took place. Six of the children, however, did remember being told about their father's participation in the group and described for me how this was conveyed and who had told them. As the interview extract, below, highlights, some children were told about their father's participation on a DVPP on a 'need to know basis'. For example, Emma (age 9) told me her mum had asked her the previous day whether she would like to talk to a researcher about the domestic violence. While the topic of domestic violence had been discussed previously within the family and Emma was aware of its existence, her father's attendance on a DVPP had not been mentioned to her and was only explained to her in the context of this interview.

Sue: 'Emma, did anyone speak to you about your dad attending a programme for the domestic violence? Did anyone talk to you about it?'

Emma: 'No'

Sue: 'Okay, so how do you know that dad was getting help to deal with the domestic violence?'

Emma: 'Mummy only told me yesterday'

Sue: 'What did you think about that, when mummy told you?'

Emma: 'Good'

Sue: 'Did you have any idea at all that dad was getting help?'

Emma: 'Only except that he went out some nights and some days'

Sue: 'Okay, you didn't know where he was going? No-one ever told you?'

Emma: 'No'.

During this conversation it was clear that prior to being told about her father's participation, Emma was aware that dad's pattern of behaviour had changed. He was going out several times a week and not divulging where he was going. This was something new to her. Interviews with men on programmes and their ex/partners found that 50 per cent of the sample had not told their children anything, and this proportion was the same where the father was and was not, living with the children (Alderson et al. 2013).

At the time of interview, all children in this study were aware of their fathers' participation, and most mentioned it was their mother who told them. Two of the children were told about the DVPP by their father and three were told in a discussion with both parents. I asked Rosie (age 10) who had told her about the DVPP. The extract from this interview is delineated below:

Rosie: 'It was both of them, just before he was going to go'

Sue: 'Did mum and dad tell you why, and what would happen when he attended?'

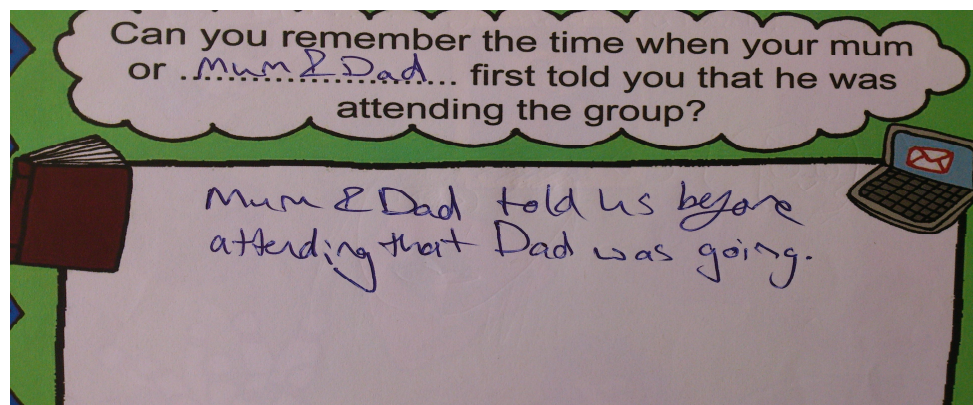
Rosie: 'That he would be more respectful to her'

Sue: 'Okay, how did you feel about that?'

Rosie: 'Happy'.

Figure 7.1, below, shows Rosie's actual response in writing.

**Figure 7.1 Telling children about DVPP**



**By Rosie age 10**

One girl (age 13) having met the programme facilitator on numerous occasions at the family home was not aware that he was working with her dad in the context of his violence:

'I didn't know at first that [name of programme facilitator] was working with my dad [on domestic violence issues]. I just thought he was just a friend of his.'  
(Sally age 13)

There appeared to be no consistent process by which the children were informed, or when they were informed, about their fathers' participation on a DVPP. I asked



children how they felt when they became aware of this. All the children said they had high hopes for their fathers' behaviour to change. Samantha, age 15, told me:

Samantha: 'I thought it was good and that everything would get sorted out'

Sue: 'So you were pleased that dad was going to get help with his anger?'

Samantha: 'Yeah'.

Children who completed the research book were again asked to draw a face and indicate a word that describes how they felt when they became aware that their father was attending the DVPP. Children's responses included, 'happy', 'happier', 'it would help him', 'hopeful'. Overwhelmingly, all the children had faith in their father's attempts to overcome the violence. The act of their father or mother talking to them about their father's participation in the DVPP was extremely important to the children and perceived as commensurate to a promise that the violence would stop.

### **7.3 Children and support**

All children who live with domestic violence are at risk of having poor outcomes and, for some, the consequences can be life-long. The importance of support for children experiencing domestic violence has been well documented (Radford et al. 2011, Local Government Association 2007). However, while my own survey (see chapter four) found positive programmes of work, supporting children who experience domestic violence in the UK, these were few and far between. The paucity in children's domestic violence support services was also noted by Radford et al. (2011) in a local context.

All of the children in this study were receiving or had received intensive support through group-work and one-to-one work within the integrated domestic violence programme. All children received six weekly sessions of one-to-one work before attending the group-work programme for twelve weeks. I wanted to understand from the children's perspective how they valued the support they received from the DVPP and also what other informal support networks they had in place. Before attending group-work, all of the children referred to the project were assigned their own support worker, who they saw on a weekly basis for six weeks or until such time that the support worker or the children themselves felt ready to attend group-work. I thus

wanted to find out from the children how they perceived this support and what value it had for them.

### 7.3.1 DVPP: One-to-one support

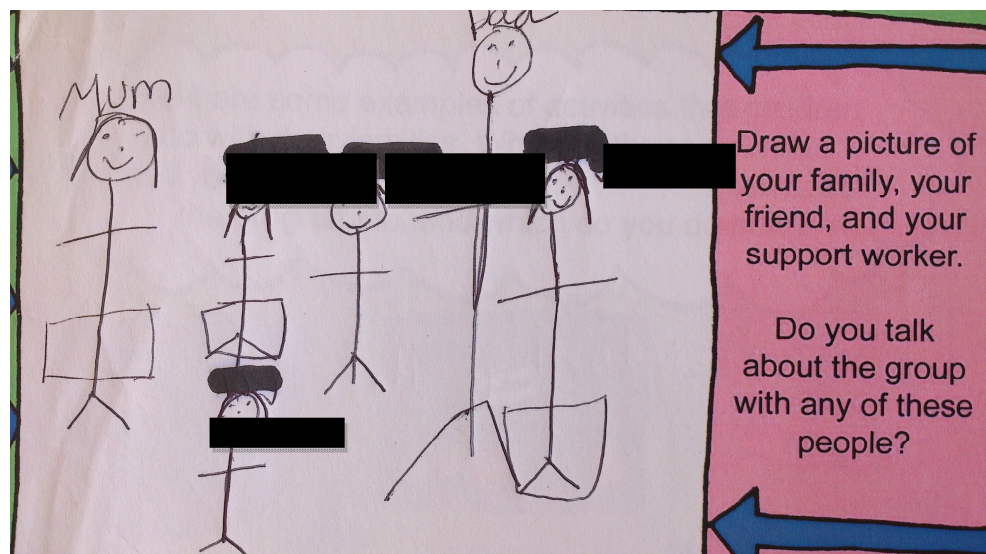
All of the younger children (those under 12 years), in this study, had been involved with the project for three months or more and had received one-to-one support for the first six weeks. Most had finished their initial weekly one-to-one meetings with their support worker and had progressed to group-work support only. I asked the children how they enjoyed spending one-to-one time with their support worker. Leah (age 8) said:

Leah: 'She's funny'

Sue: 'Does she make you laugh?'

Leah: 'Yeah, all the time'.

**Figure 7.2 Children's support network: Support worker**



**By Leah age 8**

Figure 7.2, above, drawn by Leah shows Mum, Dad, siblings and support worker to the far right. Often, some children are not ready to move on to group-work, or may not want to. DVPP workers explained to me how DVPP workers strive to be flexible to meet the individual needs of the child. One children's support worker told me:

‘Our job description does say unsociable hours because some children do not want to be seen at school, they want to be seen outside of school. Now if you have three or four children in one day who want to see you outside of the school system then the worker is not going to get home till 8 o’clock at night. So the work is very flexible and we trust our staff to be organised and manage their own workload. That’s the only way because if not, and we were very rigid about times and hours then some of the kids would not get the support they need. We’re very lucky here, our children’s workers are just brilliant, I’ve got such a good team. They go out of their way and don’t just do their work they take these kids on camping trips and it’s not part of their job. [Support worker] has took some of the children on camping weekends. The staff have a real passion for their job’ (K. Children’s support worker)

Two of the children (a girl age 14 and a girl age 13) had chosen not to attend group-work at all, opting to continue with one-to-one sessions after school with their support worker. Two of the older children, both girls aged 15 and 16 had previously attended both group-work and one-to-one work with their support worker, but had recently decided that they felt ready to move on and had subsequently discontinued support.

James (age 12) told me he was struggling to cope with the upheaval that the domestic violence had caused in his life and enjoyed the relationship he had with his support worker on a one-to-one basis. His six one-to-one sessions were thus extended in order for him to continue to see his support worker, whilst at the same time attending a parallel group-work session once a week.

James had been receiving one-to-one support for over a year when I interviewed him. His father had recently relapsed by perpetrating domestic violence towards James’ mother. As a result, James’ father was contacted by his DVPP worker and subsequently volunteered to attend a follow up programme. The incident had upset James and he asked for his interview not to be recorded. As an only child, James had no siblings to share his thoughts with about his father’s violence. It was clear that the one-to-one support he was receiving was very important to him. I asked James what he felt was most important about seeing his support worker.

James: ‘We go places that mum and dad won’t go to like bowling or the cinema, it’s really good’

Sue: 'Do you ever talk to [support worker] about what happened with mum and dad?'

James: 'We hadn't talked about it for a while until... yeah we did a few times but we have talked about it again since it [the latest incident] happened'.

It was clear during the interview that James' confidence and trust in his father had been shattered by this latest incident, and that contact with his support worker was important in both helping him to face this disappointment and helping to build resilience. Research evidence has shown that resilience in children who have experienced domestic violence is strongly influenced by the level of family and community support, which children experience (Mullender et al. 2002, Hughes et al. 2001, Blagg 2000). Like their mothers (Holden et al. 1998), children tend to recover their competence and behavioural functioning with the support they get from family or community. In James' case, due to the lack of family support, the role of the support worker is clearly an important moderator of the impact of abuse in his life. The commitment, energy, patience and enthusiasm that all children's support workers demonstrated to me during the course of the research process is illustrated in an extract from one of the transcripts below:

'The other night I worked with a young person, he was so kind of lifeless. You could tell he'd had all of his confidence knocked. I don't have a script because every child is different. I find that when I'm going through the programme I have to deviate sometimes because it doesn't feel right and the kid's not responding some of the time. You can often tell whether it's working or not by their body language and their expressions. So the majority of the time you have to respond how you feel is best. And sometimes, even when you're talking to kids you can tell when you have hit an emotional point, a tender spot, and then you continue and then they can sometimes start crying and you can't continue and have to change tack. You have to lift them up. It's a good feeling when that happens, when you can pull a young person through.' (A. Children's support worker)

Based on interviews with both children and support workers, the value of one-to-one direct work with children is evident. Meetings with support workers are more than just a distraction from the turmoil in their lives. Support workers offer children 'space for adjustment'. This space allows children the time to develop the competencies

necessary to form, maintain and benefit from the relationship, gain trust and build self-esteem.

### **7.3.2 DVPP: Group-work support**

Children undertaking group-work support were at a stage in the process of intervention in which they were comfortable and relaxed speaking of their experiences because of their group-work interaction. Group-work for children is offered in all three agencies and works on a twelve week rolling programme basis, however one of the projects had recently lost its funding for the group work programme for 5-10 year olds. This meant that I was limited to the number of children in this age group that I could interview. One child however, Emma (age 9), had attended the programme before funding was withdrawn and spoke to me retrospectively about her experience.

Sue: 'So Emma, can you tell me, how often did you go to the group, and what kinds of things did you do?'

Emma: 'We went on Saturday mornings to the centre, [support worker] used to pick me up and we'd go there. We did cooking a few times and games'

Sue: 'That sounds like fun. Did you look forward to going to the group?'

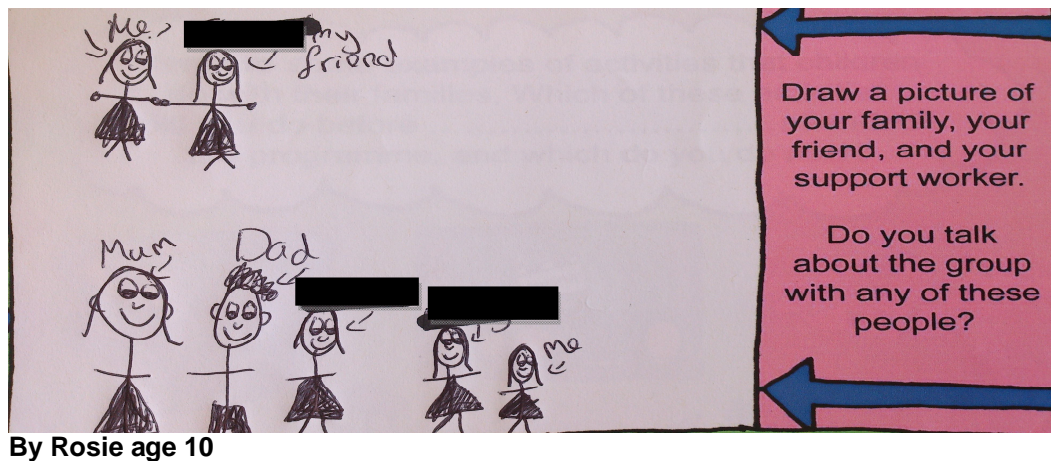
Emma: 'Yeah I have made some friends there'.

Similarly, Rosie (age 10), currently attending group-work told me:

'I didn't like it at first because I didn't know anyone but I have made a new friend, her name is [name].'

Figure 7.3, below, shows Rosie's completed task that includes a drawing of her group work friend who is listed as a source of support.

**Figure 7.3 Children's support network: Friend**



All but one of the children included their friends in the drawing and these were commonly placed either outside of the immediate family or next to the child. While friends in the wider community i.e. school, were also included in discussions with children, it was friendships formed at support group meetings that were a particular feature of the interviews. All of the children appeared to enjoy the activities and camaraderie at the group session. Bonding between the children in the group is skilfully facilitated by children's workers who work hard at helping children to open up and talk about the domestic violence. Making friends helps build confidence. As one children's group-work facilitator told me:

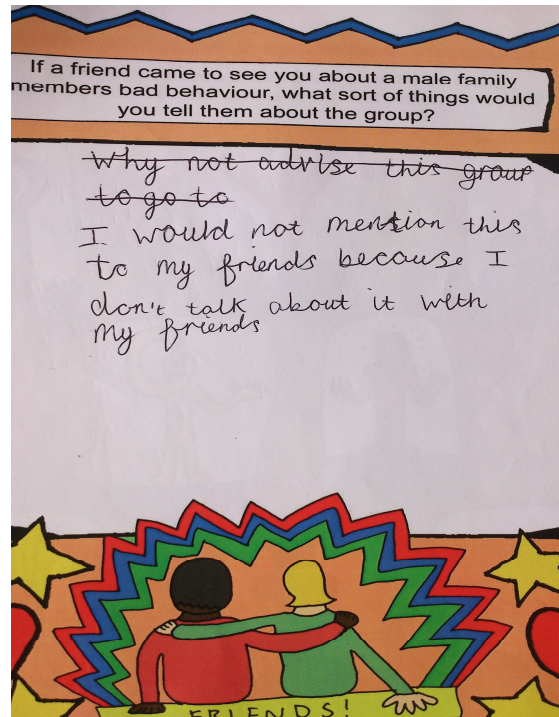
'A lot of the work that I do most of the time is around lifting up children's self-esteem because a lot of these young people have had the wind knocked out of them. They've been put down constantly and they haven't had the support they need.' (M. Children's support worker)

Lessons learned from previous research suggests that children who talk to other children, who have also been affected by domestic violence, feel less isolated, encouraging reciprocity (Barron, 2007, Houghton, 2008). McGee (2000) suggests that, for children who have experienced domestic violence, friends can be their best support and this is often a different kind of support than adults offer. Previous research with children on the issue of domestic violence has found that children can be very wary about discussing the issue with other children unless they can ensure that they can be trusted to respect their confidentiality and take them seriously (Daniel and Wassell 2002). In the main, however, most of the children in this study had talked to at least one friend about their experiences of domestic violence and about their fathers' participation in a DVPP. An exception to this however was one child who was

reluctant to disclose his experiences of domestic violence to anyone outside of the family or the group he was attending (see section 7.4 below). Archie (age 11) said:

‘I would not mention this to my friends because I don’t talk about it with my friends.’

**Figure 7.4 Advice to a friend**



**By Archie age 11**

When prompted, this child told me he would be ‘afraid of what they would think about my dad’. It is evident that for some children an element of secrecy needs to be preserved outside of the group work arena. The friendships formed at the group are clearly important to the children; making group-work support a unique opportunity for children to share their experiences with other children and form a crucial element to their recovery.

When the 12-week group-work programme has ended, ongoing support is also available on an ‘as needed’ basis. One group-work facilitator told me:

‘They [children] all have our work mobile number and we have children that we were supporting years ago, who will phone up and say ‘can you come and see me?’ And we will go. We will not let a child down.’ (L. Children’s support worker)

This worker went on to tell me:

‘We’ve actually got one of the young people here who came from the group a couple of years ago and she’s going to be volunteering on a Saturday for the Saturday group.’

The knowledge that support is always available for children, if necessary, after the group-work programme has finished, instils trust and confidence in the children that their future needs will be met if support is required again. For many children, re-establishing trust with their father can take time (Cossar 2013) but knowing that they can contact their support worker can be reassuring for them and take away the burden of responsibility if violent incidents reoccur. Research findings show that, while men on DVPPs may cease physical violence by the end of the programme, just over a quarter of men still hit walls, slammed doors or similar physical acts (Kelly and Westmarland 2015). This behaviour is a common power and control tactic designed to intimidate and can continue to affect children for some time after the cessation of physical violence. Bruises heal but damaged spirits and undermined selves can take longer to repair (Westmarland and Kelly 2012).

### **7.3.3 Family support**

Research has highlighted that a relationship with a caring adult is the key protective factor for children experiencing domestic violence and that this adult is usually the child’s mother (Mullender et al. 2002). While mothers often have a different perspective on the issue of domestic violence, for many children this is the person who is most important to them and the one they feel understands the most (Mullender et al. 2002, McGee 2000, Humphreys and Thiara 2002). Many of the children in this study told me that their mother was a constant source of support, the one who could be relied upon to comfort them and reassure them that things would be okay. It makes sense then, if a supportive relationship with the mother can protect children, a lack of a supportive relationship with her will increase the likelihood of adverse effects (Stanley 2011). For two of the children, in this study, their relationship with their mother was at best, indifferent, or at worst, negative. James (age 12) told me:

James: ‘She doesn’t help dad at all, she keeps going on and on at him’

Sue: ‘Can you give me an example of that James?’



James: 'She keeps telling him he is not doing what [programme facilitator] has told him to do, and that makes him even madder'.

There was a strong suggestion of a negative pattern of behavior underpinning James' relationship with his mother that was evident throughout the whole of the interview. It has been well documented that the subtle tactic of alienating children from their mother is a strategy of coercive control, often undertaken by violent fathers (McGee 2000, Jaffe et al. 2003, Mullender et al. 2002). Children subjected to this can often lose confidence in their mother, or blame them for the domestic violence, and the relationship can be destroyed (Harne 2011). In James' case, his mother's 'provocation' justified to some degree his father's anger and subsequent violence. Children can be deliberately manipulated by their fathers into believing that the domestic violence is the mother's fault. This, in turn, affects the parenting of women and impacts negatively on their relationship with their children. There is also evidence to suggest an association between women's experiences of domestic violence and mental health problems. This can be a key factor in mediating the effect of domestic violence on their children (Dubowitz et al. 2001). For children whose relationship with their mother has been undermined by men's strategies of coercive control, the issue of support is doubly important.

Family support for two of the children in this study was notably absent, with both relying heavily on the project support worker as the key protective adult in their life. For other children, the support of siblings was often mentioned. The presence of brothers and sisters were consistently illustrated in their drawings and featured heavily in interviews with almost all the children. Two of the older girls, who were sisters, (age 13 and 15 years) talked about their two younger siblings (age 3 and 5 years) with affection and protectiveness.

Sally: 'When he started kicking off we would usually take the little ones upstairs'

Sue: 'Was this before dad attended the group?'

Sally: 'Yeah'

Sue: 'Were the little ones afraid?'

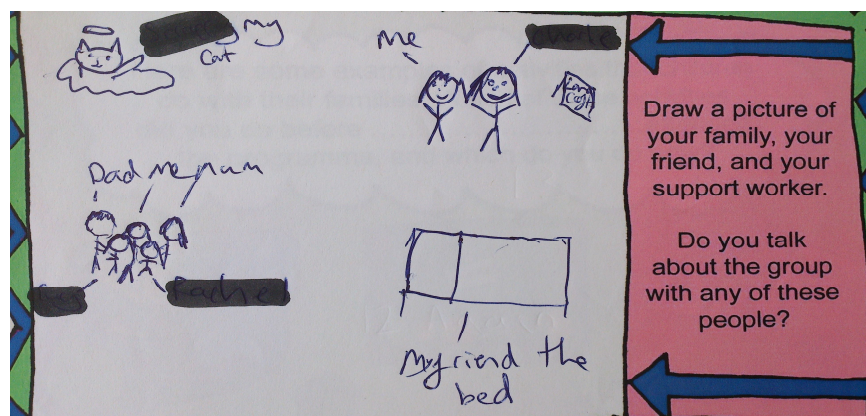
Samantha: 'Yeah, I would usually put a DVD on telly for them, or get them their toys.'

Mullender's (2002) research with children on the issue of domestic violence found that siblings commonly protect each other, hide together, talk with each other and comfort each other. The support the sisters gave to each other and to their younger siblings illustrates this. Their shared experiences serve to decrease the secrecy around the violence and any feelings of isolation they may otherwise have felt. Clearly their closeness allowed for the creation of a positive family dynamic between them.

Hooper (2007) however, warns of the potential risks associated with 'parentification' that is a child taking on excessive responsibility within the family in order to relieve some of the responsibility from the parent. This can be seen in the case of Samantha and Sally who take on the responsibility of protecting their younger siblings by removing them from the domestic violence situation. One of the almost inevitable byproducts of parentification is that a child may lose his/her own childhood (Earley and Cushway 2002). In extreme instances, there can be what has been called a kind of disembodiment that threatens one's basic self-identity (Reeve 1999). Research has found that increased parental alcohol-use leads to higher rates of parentification, which in turn leads to increased adolescent depression (Hooper et al. 2012). Further investigation is needed into the rates of parentification amongst children who are providing support for others in cases of domestic violence.

Other support systems for children include pets; and for one child, as illustrated in Figure 7.5 below, her bed. When prompted she told me that she talks to her cat and she often 'thinks' about what is happening when she is in bed.

**Figure 7.5 Children's support network: Pets**



By Chloe age 13

The types of support that children received varied for children in this study, however it was the availability of the children's support worker that provided a consistent supportive relationship for all of the children. This relationship was valued by all of the children and contributed to their resilience, regardless of the child's individual family characteristics.

#### **7.4 Domestic violence: Life before DVPP**

The impact of domestic violence on parenting capacity has been well documented (Department of Health 2002, Stanley et al. 2010, Cleaver et al. 2011). Studies have found that perpetrators of domestic violence are less engaged with their children, disregard children when being abusive, provide inconsistent physical care and can be more authoritarian and more volatile than fathers who are not domestic violence perpetrators (Harne 2003). Holt et al. (2008) found that perpetrators of domestic violence are less likely to be involved in parenting their children compared to their non-violent counterparts.

As noted earlier, community based DVPPs are increasingly beginning to address the overlap of men as domestic violence perpetrators and their role as fathers. Interviews with DVPP workers revealed that considerable emphasis is now placed on increasing men's awareness of child centred fathering, with specific programme sessions covering topics such as the impact of domestic violence on children, what children need from their father and the negative experiences they have brought to their children's lives. Reports from workers, and indeed my own participant observation, indicate that these sessions are powerful mediums for change. However, while the explicit and emotive content holds potential to shift men's perspectives and reinforce motivations to change, I am also aware that violent men attending DVPPs learn to 'talk the talk' (Harne 2011). I thus wanted to investigate from the children themselves how the programme had impacted on their father's violent behaviour at home and what changes they had noticed as a result of his participation.

As noted earlier, all the fathers of children in this study had recently completed, or were two thirds of the way through a DVPP. By coincidence, all of the men who had completed the full programme were also voluntarily attending either a series of follow up group sessions at the project or receiving one-to-one follow up support on an outreach basis after completing the main programme. This meant that all of the men had been receiving intervention for a conceivable amount of time to assume that

changes had occurred and for these to have had an impact on the family. I was thus keen to find out whether the children had noticed any positive changes in their fathers' behaviour. In order to create a 'baseline' for the children to mark these changes I asked them if they would talk to me about 'life before DVPP'. I was aware, that in the main, children can be reluctant to talk about domestic violence due, in part, to fear of the perpetrator and the risk of further abuse, but also because of children's acute distrust in professionals to respond appropriately (McGee 2000, Mullender et al. 2002, Houghton 2008). Children are also prevented from talking about domestic violence because of the stigma attached and the fear of being judged, labelled, or branded by other people, generating feelings of humiliation, shame and embarrassment (McGee 2000, Mullender et al. 2002, Houghton 2008).

While parents, support workers and children all had access to the research book prior to the interview and consent and assent had been given for the interview to take place, I felt it necessary to again check that the child had acquired the resilience needed to cope with being asked to talk about their past experiences. This is closely linked with managing any potential harm to the child but involves looking at individual participants to assess how the whole participation experience will affect them. I was mindful of Gorin et al. (2008), who argue that there must be a balance between the needs of the researcher and the need to protect children from any further harm. While all the children, apart from one, said they felt 'okay' talking about past domestic violence incidents, I reminded them that they had the right to refuse to answer any questions and that they could stop the interview at any time.

All of the children, except one, said they could remember 'witnessing' the violence, either being physically present or in another room. The following extract from an interview with two sisters, age 13 and 15 illustrates that while they both agreed to answer my questions and understood that they could refuse to, at any point, they still found it difficult to recount the violent events. My own thoughts are in brackets:

Sue: 'Have you ever seen or heard any of your dad's anger?'

[Sally and Samantha both nodded and looked away. I sensed that they felt uncomfortable with this question]

Sue: 'Was this a bit scary? Are you still okay to talk about this?'

Sally: 'Yeah'.

The children told me that before DVPP their father's impatience with them and their younger siblings would often manifest itself into angry tense outbursts, frightening the children. While her father still displays anger, this is now controlled, leading to lower levels of fear and anxiety in the children. She told me:

Samantha: [laughing] 'Sometimes when my little brother opens a yoghurt, dad shouts at him because it splurts out everywhere'

Sally: [laughing] 'Yeah and he does it every day!'

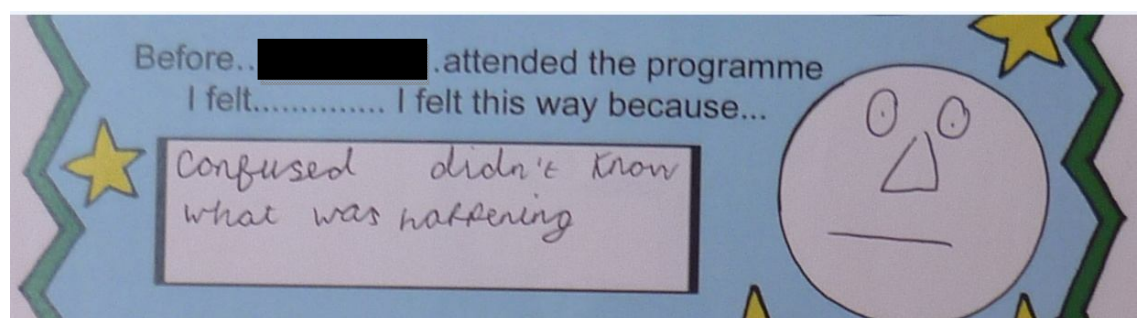
Sue: 'How do you feel now when he gets annoyed with your little brother?'

Samantha: 'It doesn't bother me anymore. I feel alright about it'.

As an introduction to talking about the domestic violence, the younger children who had opted to complete the research book were asked to draw a face and write one word that indicated how they felt about their father before he attended the DVPP. Responses to this question indicated that most children had been emotionally affected by the violence. The word 'sad' was by far the word most used to answer this question. Data reveal that before their father's attendance on a DVPP, children were very aware of the domestic violence that was happening, and when remembering these turbulent times, children talked of feelings of sadness and confusion.

The illustration below shows how one child remembers having feelings of confusion at the time the violence was taking place. The perpetrator had just recently joined the family, which consisted of Jodie (age 9) and her mother. Soon after, there was the arrival of a new baby step-brother. The rapid changes that had taken place were both stressful and confusing for Jodie. She went on to tell me that she also felt 'sad' and that she wanted her step-father 'to be less angry now that he was attending the group'.

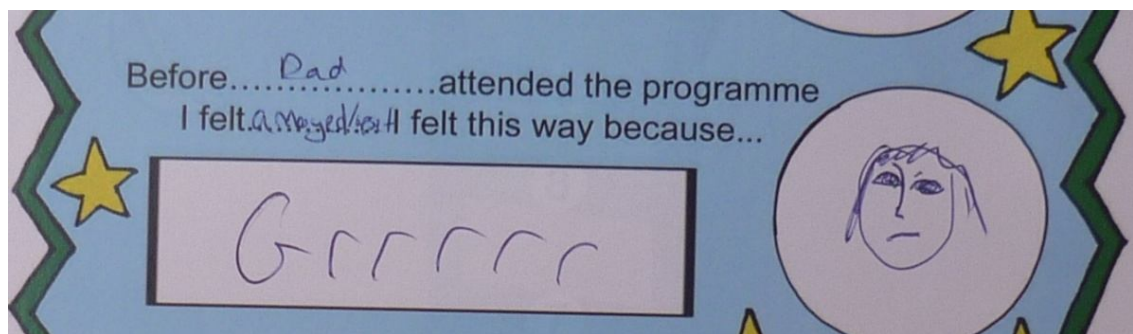
**Figure 7.6 Feelings before DVPP: Confusion**



By Jodie age 9

Figure 7.6 above shows how Jodie felt about her father before he attended the programme. I asked Jodie if this meant she felt angry with her father for his bad behaviour and she told me 'yes, because everyone is happier when there is less arguing'.

**Figure 7.7 Feelings before DVPP: Anger**



**By Archie age 11**

Archie told me he felt very angry with his father before he attended DVPP (see Figure 7.7 above). The high levels of fear, anxiety and anger reported by children in this study highlights the extent to which the anticipation of violence also infuses into their lives and the tension that results from the unpredictability of their fathers' behaviour. Kieran (age15), for example, told me:

'I hated it when dad would come in [the family home] in case he would be angry. I would just go upstairs to my room and put my headphones on and listen to my music.'

The disruption that domestic violence creates for children, and how this can affect their social and emotional well-being has been well documented (McGee 2000, Mullender et al. 2002). The findings from the children in this study also correlate with previous studies. Children highlighted feelings of fear, sadness, anger, confusion, ambivalence and torn loyalties towards their father before he attended a DVPP.

## **7.5 The father-child relationship**

Few studies have investigated the impact on children's perception of their father when domestic violence has reduced or ceased due to the intervention of a DVPP. How do children benefit from their fathers' participation in terms of the father-child relationship? Do children feel safer, is parenting enhanced, and do children place more trust in their

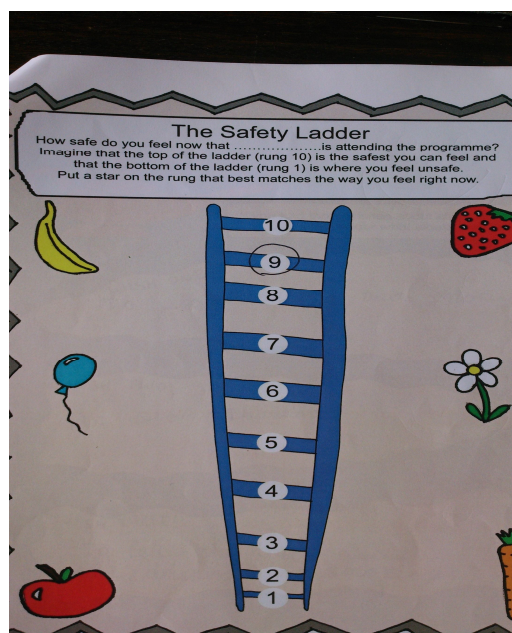
father after the intervention? The thematic analysis of interviews with children reveal that these issues are of particular importance and were frequently noted amongst children in both the narrative interviews and the task based research book.

### 7.5.1 Children's feelings of safety

One of the measures of a successful outcome for children regarding their fathers' participation on a DVPP is that they have safer, healthier childhoods in which they feel heard and cared about (Kelly and Westmarland 2015). Children's safety has, in recent years, become more central to the work of DVPPs, since men are increasingly referred by Children's Services and from the Family Court. Safety therefore goes deeper than physical safety, it encompasses physical and emotional health and well-being, happiness; freedom from fear and/or having to protect their mother or siblings.

One of the tasks for the children completing the research book was to indicate on a ladder scale their perception of how safe they felt before their father participated in the DVPP and the level of safety they feel now. Rung one on the ladder indicates feeling unsafe, and rung ten indicates feeling very safe. Before their father attended the programme, all of the children indicated that they thought their level of safety was at or around rungs one and two (very unsafe). Figure 7.8 below shows how Archie (age 11) perceives his own level of safety.

**Figure 7.8 Safety ladder**



By Archie age 11

Children were asked how they perceived their level of safety now that their father is participating or has completed the programme. One child circled rung five (unsafe/fairly safe), two children circled rung nine (safe) and four children circled rung ten (very safe). The findings here illustrate that for most children, increased feelings of safety have developed whilst/since their father has participated on the DVPP.

Findings from the wider Mirabal survey, assessing the views of partners of men on DVPPs, found that in terms of the measure 'safer, healthier childhoods', in which children felt heard and cared about, there were limited changes. While there was a decrease in children worrying about their mother's safety and being frightened of the perpetrator, children fared worse on the indicator 'do any of your children have problems making and maintain friendships?' (increased from 22 per cent at baseline to 26 per cent 12 months on), and for the indicator, 'are any of your children nervous or clingy?' no changes occurred (Kelly and Westmarland 2015). There is an important caveat to be noted here, however, in that some of the men had not seen their children for several years, or were the subject of more recent no/limited contact orders.

These findings suggest that impacts on children of living with domestic violence can be long lasting if children are not able to see notable changes in their fathers' behaviour over time because of limited or no contact with him. In contrast, children in this study who are receiving support and whose fathers live in the same household reported a major shift in how safe they felt with him since his participation or completion of a DVPP.

### **7.5.2 Re-establishing trust**

Westmarland and Kelly (2012) found that the issue of trust was frequently mentioned by both men, on perpetrator programmes, and their partners/ex-partners. Analysis of 73 semi-structured interviews with men on a DVPP, partners/ex-partners and stakeholders found that the re/building of trust was an important outcome for men, especially around the issue of children. For women partners/ex-partners, being able to trust the perpetrator with her children featured prominently. For children, a sense of basic trust and security is the foundation for their healthy emotional development (Osofsky 1999). It has been well documented however, that when children are exposed to domestic violence the normal development of trust is often impeded (Erikson 1963, Cleaver et al. 2011). To-date, no empirical studies have been undertaken to consider the degree to which children are able to re-establish trust with



their domestically violent father after his participation on a DVPP. In this study, children reflected on whether they thought trust had been lost, built or re-established since their fathers attended the programme. The extracts from interviews below illustrate children's thoughts on the issue.

'I think I trust him a bit more, I don't know. Sometimes, yeah, it's better than it was before. It's more calm!' (Kieran age 15)

'It's not as bad as it was because I know they'll [mum and dad] sort it out.'  
(Samantha age 15)

One child, whilst recognising that anger is a normal reaction and that her father can still get angry at times, still finds the tension difficult to deal with. Since her father has been participating on a DVPP however, she does trust him not to use violence anymore.

'Dad's changed, he still gets angry but not like he was. I feel okay but I just get out of the way. It's not that I feel that his anger will get out of control like it used to. He's not as bad as he used to be so I'm not really scared. I just don't like it.'  
(Sally age 13)

Another child said:

'He doesn't shout as much and doesn't like swear as much. It's like he's got it under control.' (Jessica age 16)

The issue of their fathers' new found self-control as a catalyst for trust was a reoccurring theme throughout the interviews. This correlates with findings from the wider Mirabal project study, which revealed men learned to de-escalate violence by talking quietly, taking a step back, thinking about how their partner or ex-partner may perceive their words and actions, being aware of how they had used their body and voice to intimidate. It was here that some techniques learned on the DVPP might be used, such as positive self-talk and controlled 'Time Out'<sup>1</sup> (Kelly and Westmarland 2015).

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<sup>1</sup> Techniques such as 'Time Out' are used only in very short term controlled circumstances in Respect DVPPs. A review of its use by Debbonaire et al. (2005) found that some men were misusing it greatly against the guidelines i.e. leaving for hours instead of the prescribed 60 minutes, hiding in the house instead of removing themselves from the situation completely, or coming back after using alcohol or drugs, instead of using the time for sober reflection.

Children in my own study were asked to give an example of how situations of potential violence differ since their father attended the DVPP. One child described how his father uses the technique of 'time out' and is now able to 'walk away' from a situation that would previously have turned into a violent rage. The extract from my interview with Kieran (age 15) illustrates the changes he has noticed in his father:

Kieran: 'Yeah its better than it was before. I've noticed that he walks away'

Sue: 'So do you think that he has more control now?'

Kieran: 'I think so yeah'

Sue: 'How do you feel around him now?'

Kieran: 'I feel okay'.

Research on children who are repeatedly traumatised (as in the case of experiencing domestic violence), suggests that the imprint of this becomes lodged in the child's makeup. When exposed to reminders of the trauma, for example similar situations, or sounds, they become fearful and emotionally distressed (van der Kolk 2005). The quotes above illustrate that for some children, despite DVPP intervention there is still an intrinsic element of distrust in their father and a fear that any minor disagreement may escalate into violence.

### **7.5.3 Saying sorry**

The idea of violent men saying 'sorry' for their behaviour towards women and children can seem glib to some. However, the ability of their father to truly listen, empathise, and understand what life had been like for those living under his regime of control was important to many of the children in this study. A study conducted by Morrison (2009) interviewed children who were having contact with their domestically violent fathers. Children were asked what, if anything, fathers could say or do to make them feel better about the domestic abuse they had experienced. This question elicited three clear messages from children: 'There was nothing he could do', 'for him to stop being abusive', and 'to apologise for what he had done and be sincere in his apology'. The act of apologising to the children and also their mother was a common theme that emerged in this study. The research book contained space where children could write a letter to their father. These letters illustrate the importance of this restorative act for younger children in particular. Ralph asked his father:

‘Can you be sorry to her and us?’ (Ralph age 7)

Another child clearly needed a simple apology as a guarantee that the violent arguments would not return:

‘When you have finished [DVPP] would you be sorry and would you not argue with mum again?’ (Leah age 8)

It has been well documented within the domestic violence literature that the ability to parent children effectively in the midst of a violent relationship is adversely affected (Harne 2003, Radford and Hester 2006, Cleaver et al. 2011). The impact of domestic violence on a mother’s capacity to parent has been shown to be undermined by the perpetrator’s assaults on her self-esteem or by his forging hostile alliances with children. A mother’s mental health needs or substance misuse resulting from domestic violence can also act to reduce parenting capacity (Bancroft and Silverman 2002). Fathering, by domestic violence perpetrators, has had considerably less attention, however, research has found that perpetrators of domestic violence are rigid and authoritarian in their parenting, under involved with their children and neglectful (Bancroft and Silverman 2002, Harne 2011).

Research by Perel and Peled (2008) however, found that perpetrators of domestic violence do aspire to an image of ‘good fatherhood’, expressing a desire for a closer relationship with their children. Data from in-depth interviews with men said they felt confined to an authoritarian role that limits and constricts their relationship with their children. DVPPs acknowledge that healing of damage to the father-children relationship takes time and effort and needs to be repaired in a planful, adult-driven way (Lipovsky et al. 1998). Within the specific DVPP sessions on children, men are encouraged and helped to effectively begin to rebuild trust in the father-child relationship. Excerpts from the children’s letters to their father, above, illustrate that they can see these changes taking place.

#### **7.5.4 Quality Time**

In the specific sessions on the impact of domestic violence on children within the overall programme, DVPPs have stimulated work in the area of parenting for men who are perpetrators of domestic violence. This work begins to close a gap in provision by addressing child-centred fathering while simultaneously addressing men’s use of violence. Interviews with children in the current study revealed that their relationship

with their father had improved whilst/since he had been attending the programme. These improvements were mostly seen in the light of spending more time together with their father;

Kieran: 'We watch TV together sometimes and we play guitar and listen to music...We've made an area in the garage where I can plug in my amp and we can play there'

Sue: 'Would you say your relationship is better [with your father] than it was before [DVPP]?'

Kieran: 'Yeah it's better now. Because before, every so often, he would get angry'.

For many of the children, spending quality time with their father and other members of the family was defined as engaging in simple activities together as a measure of well-being rather than measures of household income. Recent research by Knies (2012) with 4,900 children between the ages of 10-15 years reveal that the family living context impacts hugely on child life satisfaction, living with both biological parents and a stable home life being associated with the greatest happiness. The research reveals that for children, these are more important to their happiness than the wealth of their parents.

'...available results suggest that those interested in maximizing society's welfare should shift their attention from an emphasis on increasing consumption opportunities for families with children to an emphasis on increasing social contacts.' (Knies 2012 p29)

During the interviews, children appeared happy to talk about the new found relationship they had formed with their father and the family bonding that had taken place. Two of the children spoke animatedly about the new activities they were discussing as a family:

Sally: 'We do more stuff now'

Samantha: 'Yeah, like we go to the pictures now'

Sally: '...and we go out with dad's girlfriend'

Sue: 'So you're spending more time together doing stuff with your dad and his girlfriend?'

Sally: 'Yes, he wants to try and get us all involved in free swimming as-well'

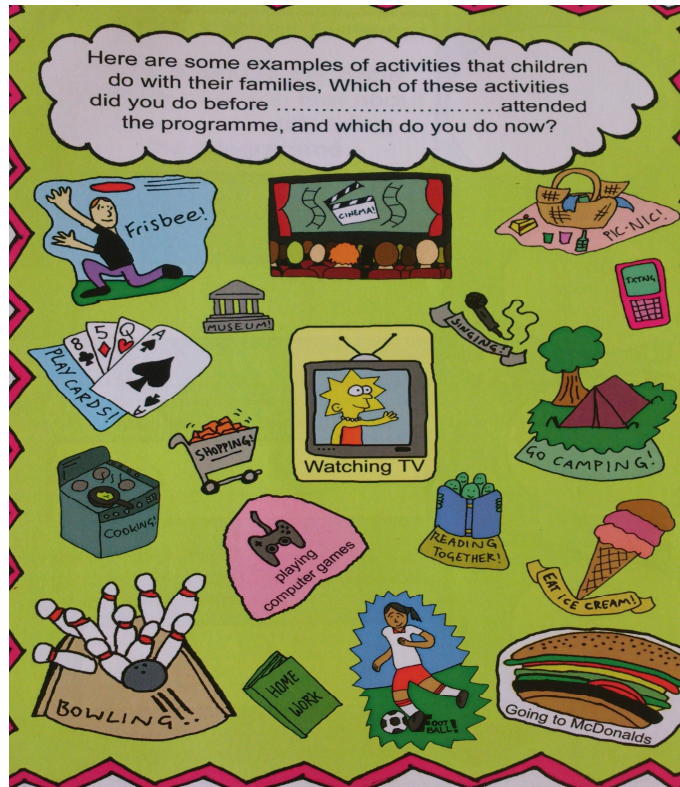
Sue: 'Does your dad swim?'

Samantha: 'Yeah, he used to when he was younger and he'd like to start again and get us to go too'

Samantha: '...and sometimes on a night we all watch collections of DVDs'.

One of the questions in the research book asked children what activities they did with their father. The task involved identifying, from a range of eighteen activities, what they did before their father attended DVPP and what they currently did with their father. Figure 7.9 below illustrates the range of common activities children might do with their father. While discussing these activities, children were asked to circle the pictures using different coloured pencils to distinguish between the activities they did before and those they did after DVPP. Children were also invited to identify any other activities they did with their father that were not listed.

**Figure 7.9 Activities before and after DVPP**



Analysis of the task and the interview data showed that while many of the children were doing some of the same activities with their father before and after he attended the DVPP, they spent more time on these. Additional activities were also reported post DVPP. For example, three of the children had started to play football with their father, three had been on a camping trip, two of the children were now regularly going to the cinema, having picnics, cooking, doing homework and reading with their father, and one child said he had been for ice-cream with his dad on a day out. Other activities mentioned, that fathers were involved in with their children, were swimming, playing the piano and board games. While many of the activities cost little or nothing, it appears that for the younger children, in particular, it was the time spent with their father that was valuable to them.

Two of the participants who were siblings, however, had conflicting views regarding what made them happier; quality family time on a budget without the threat of domestic violence, or expensive family holidays abroad with the threat of domestic violence ever-present. One of the children said she felt happier now that the domestic violence had stopped, yet her sister missed the 'good times' of holidaying with both parents. An excerpt from the transcript below illustrates this disparity:

Samantha: 'We used to go camping to the lakes and stuff when mam and dad were together'

Sally: '... and we used to go abroad on holiday when dad had a better job'

Sue: 'So, things were better financially when your mam and dad were together?'

Sally: 'Yeah we had more money then, to do stuff like go away on holiday'

Samantha: 'But I think our lives are much better now'

Sally: 'I don't. I think when we were little we had a better time than our little brother and sister do now'

Sue: 'Perhaps there isn't as much money to spend now, but do you think that your little brother and sister may be better off than you in other ways?'

Samantha: 'Yeah at least they don't have the arguing to put up with'

Sally: 'Yeah at least they don't have to put up with the arguing but I think we had a better time because we went to more places'.

The extract above emphasises how, for some children, the family's current material situation is at odds with the socio-emotional quality of relationships with their other family members.

A trend in consumerism by parents and children rather than quality time together was found in a recent study by Unicef (2011). This study built on earlier Unicef (2007) research that ranked Britain the worst country in the industrialised world to be a child in, due to parents overindulging children and trapping them into a 'cycle of consumerism' (p46). Interviews revealed that British parents were simply 'too tired' to play with their children when they came home from work. Most of the children in the Unicef study however, while enjoying the spoils of consumerism, also complained about their parents not making time for them. Spending quality time with their fathers was overwhelmingly mentioned by all of the children in this study. In a letter to his father, Ralph (age 7) asked his father:

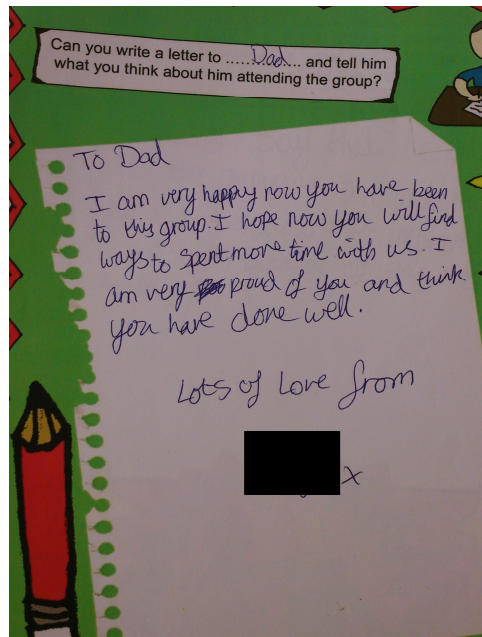
'Please don't argue with mum anymore. Every time you get angry can you please go and calm down in your room on your own. When you are nice and calm all our family is happy and we can go for a nice sunny walk and have a picnic. Lots of love.'

Similarly, in a letter to his father, Archie (age 11) said:

I think that our family is happier now that you have stopped being angry with mum. Can we do things together like play football and computer games? I love you lots From A.'

Figure 7.10 below shows an example of a letter to dad written by Leah (age 10) in which the issue of 'quality time' is mentioned.

**Figure 7.10 Letter to dad: Quality time**



**By Leah age 8**

The issue of spending quality time with their father emerged throughout the interviews. In a separate interview question I asked children what they would say to a friend whose father was using domestic violence. Interestingly, the issue of quality time also emerged. Emma (age 9) told me:

‘I would tell a friend to write a letter to their dad asking him to spend time with you. Tell your dad to attend the group and stop being angry, because he will stop getting angry so often. After going to the group your family will be happier.’

Time with dad appeared to be a significant positive outcome for children in this research. Data from the research books demonstrate how the amount of quality time spent with their father had improved since his participation on a DVPP. While recognising that parents can find it difficult to spend time with their families for lots of different reasons, it would appear that men have recognised the importance of quality time for their children through the parenting aspect of the programme. Interviews with children have revealed encouraging signs of improvement in men’s ability to ‘make’ time since their engagement with the programme.



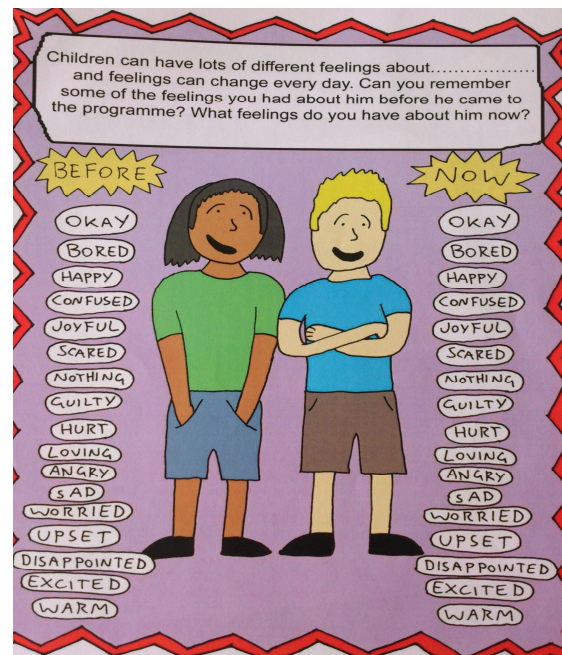
## **7.6 Children's perception of the value of DVPP**

Research that has specifically sought the perspectives of children has significantly increased our understanding of the impact of domestic violence on their physical, and emotional well-being. Moreover, children's accounts have also decimated a number of myths, including the claim that their relationship with their father is unaffected by the domestic violence (Abrahams 1994, Mullender et al. 2002). Research studies have shown that a child's view of their violent father does change, with children expressing a lack of respect, shame, embarrassment and extreme hatred (Epstein and Keep 1995, McGee 2000). Few research studies however have acknowledged children's changing perceptions of their father once intervention for the perpetrator and support for the child is put in place. For example, how do children feel about their father once they are enabled to name the abuse and define who is responsible for it? Outcomes for children of their fathers' participation on a DVPP has for too long required this specific attention.

### **7.6.1 Feelings before and after DVPP**

The children frequently reflected on the value of DVPP in their lives. Figure 7.11 below shows a section of the research book that allowed children the opportunity to use their own words and their own language, in their own way, to articulate how they felt. First they were asked to complete a simple task, which involved circling a list of feelings relating to how they felt about their father prior to attending DVPP and how they felt at the time of interview (which was near or at the end of their father's participation on the programme). Seventeen different feelings were listed in columns headed 'before' and 'now' DVPP.

**Figure 7.11 Feelings relating to father before and after DVPP**



While talking about how they felt before DVPP, and how they feel now, children were asked to circle the word that best described how they felt. Their responses show that in the main, children tended to feel sad, worried and upset before their father attended the programme. Four children felt disappointed, three children felt angry, scared and hurt and two children felt confused, guilty, bored and 'nothing' before their father attended DVPP. In contrast, children's feelings towards their father changed whilst he was on the programme, or completed the programme. Six children felt 'loving' towards their father, five felt 'happy' and 'okay'. Four children said they felt 'joyful' and 'excited' towards their father and three said they felt 'warm' towards him. These responses show positive changes in the way children perceived their father after his participation on a DVPP. However, it is important to note that for the children who gave positive responses here, all said that the physically violent behaviour towards their mother and themselves had ceased. Interviews with these children suggest their father was also taking some responsibility by changing how he interacts and engages with his children.

Not all children however were positive about the changes that had occurred. One child said he felt 'nothing' towards his father after his participation on the programme and one child circled the word 'worried'. This last feeling was clarified with a note next to the word which explained how he was afraid that, 'a big argument might happen'.

Despite the fact that the physical violence had ceased, Ralph (age seven) was clearly concerned that it may reoccur, as demonstrated in this excerpt from his letter to dad:

‘Every time you get angry can you please go and calm down in your room on your own.’

Both children clearly still feel distrustful and angry towards their father. These responses correlate with findings from other studies that suggest that some children are so severely damaged that they reject relationships with their father because of the harm they and their mothers have experienced (Aris et al. 2002, Mullender et al. 2002). Significantly, it would appear that despite their father’s participation on a DVPP and children’s reports of noticing positive changes in his behaviour, long-term damage to the father-child relationship has occurred. The process of re-establishing a relationship can be, at best, significantly slower for some children, and at worst will never happen at all.

#### **7.6.2 Father’s awareness of self and others**

In previous research (Westmarland and Kelly 2012), men on DVPPs described themselves as having an enhanced awareness of self and others; being more patient, having a greater ability to control and moderate their own behaviour, having different reactions to situations and generally being able to engage better with everyone. This was collaborated by many of the children in this research. Children generally thought that their father had acquired an insight into the impact of his behaviour on them and others, and was taking responsibility for this. Jessica, age 16, told me:

‘Now he knows that his behaviour wasn’t good and that it was affecting all of us. I don’t think he realised that before. I just think he’s learned how to keep his cool, he’s less angry and I think he’s learned how other people feel when he gets angry.’

Another example of a father’s new found awareness was given by Samantha age 15. She said:

‘He has more understanding of different situations.’

Another child told me that during the time the violence was taking place her father was wholly aware that his behaviour was unacceptable. After each violent event he

blamed the violence on his 'quick temper' followed by an apology. Jessica (age 16) reflected on her father's behaviour immediately after the event:

'He never made excuses like blaming us for winding him up. He always came and apologised afterwards. He knew he shouldn't be doing it, he just lost his temper too quick. I think he knew it wasn't right. He always came over and said sorry.'

The quote by Jessica, above, illustrates the complexity for children of understanding the contradictory sides of their father. Peled (2000) suggests children either choose to see their father as bad, or find ways of excusing or reframing his abusive behaviour. It was clear from talking to Samantha at length that she was caught between the two emotions of love and mistrust i.e. going upstairs when he was angry. While Samantha reports that her father did not accord her or her siblings any blame for the violence (*good*), she continues to attribute the reasons for his behaviour to impulse and lack of control (*excused*). Finally, by apologising he redeems himself in the eyes of his child (*good*).

Most of the studies that tackle children's feelings about their father are undertaken in the context of their mother being separated from the perpetrator, rather than those living together in the family home. McGee (2000) and Mullender et al. (2002), for example, spoke of children in their studies disclosing negative and complex emotions that included feelings of fear, sadness, anger, loss, and of missing their father. Until now, there has been a paucity of research that examines children's feelings towards their father when mothers have made an active choice to continue the relationship, while accessing support for herself and her children alongside perpetrator intervention. Mothers of all the children in this study made a choice to continue with the relationship and access support for herself and her children alongside the perpetrator intervention.

Findings from the interviews with children, regarding their relationship with their father, suggest that the dynamics for them are very different to children who are separated from their father. For example, many of the children's letters to their father contained evidence of their pride in him for the work he has undertaken on the programme. Improvements in family relationships were frequently commented on, and children generally felt 'happier' than they did before the intervention.

'I am very proud of you and think you have done well.' (Emma age 9).

'I feel that it's going good. Do you think it has?' (Rosie age 10).

'I am happy now that you have been to the group.' (Chloe age 13)

'I think that the group has helped you well, and made us feel good.' (Rosie age 10)

Children also spoke of a calmness that has descended:

'Things are a lot calmer now and there's less arguing.' (Chloe age 13)

'I feel that the house is a bit calmer and less tense. You don't seem to strop about it either.' (Jodie age 9)

'When you are nice and calm, all our family is happy.' (Leah age 8)

'I think that our family is happier now that you have stopped being angry with mum.' (Ralph age 7)

The issue of calmness has been frequently mentioned in research studies by both perpetrators and partners of men on intervention programmes. Evaluation studies have found that men undergoing domestic violence intervention describe a gradual process of change, in which they assume more control over their behaviour, are calmer and more self-aware of the impact upon others. Partners of men undergoing intervention also identified positive changes in the behaviour of the perpetrator. Partners felt that the father was calmer and more confident and thoughtful about the way he interacted with the children (Hester et al. 2006, McConnell et al. 2014, Kelly and Westmarland 2015). Evidence from the data suggests that for children in this study, the new calm environment at home was a very important aspect of their father's behaviour change.

As discussed earlier, children were asked what they would say about DVPP to a friend who told them they were experiencing domestic violence at home. Most of the children said they would recommend the DVPP to their friend, with responses including: telling friends that the DVPP would help improve dad's behaviour, that father would be less angry, and a happier home life. The following quote is an exemplar of how many of the children summed up their feelings about their fathers' participation on a DVPP and what they would say to someone in the same situation. Rosie age 10, responded by stating:

‘I would say that he should go to the group as it helped my dad. His behaviour has improved lots. I am happy because of this and so should you be.’

## **7.7 Discussion of findings**

There is a dearth of research on the children of men receiving intervention through a DVPP. The data presented from children in this study found some promising evidence of changes in fathering for those who completed the programme. Children’s responses illustrate that men’s engagement with a DVPP can bring about meaningful improvement in some men’s behaviour and communication, and that these changes can increase their feelings of safety and wellbeing. This correlates with findings from the wider Mirabal project, which included five indicators measuring respectful communication. The study found increases from the baseline to 12 months after starting the programme, revealing that those men who changed did so through developing different ways of being men in relationships with women and children. These changes included being able to effectively negotiate during disagreements, respecting whether and how women wanted to be in contact, and a development in listening skills (Kelly and Westmarland 2015).

Primarily, the data in my own study found that children can be reliable witnesses of their own experiences. Listening and responding to children’s experiences of their fathers’ participation in a DVPP is vital in terms of both validating and responding to them in an appropriate way. This section will present an overview of findings relating to the impact of fathers’ participation on a DVPP for their children.

Prior to intervention, and while children were living in the midst of domestic violence, the children described having complex feelings towards their father. Many children still felt emotionally attached to him, despite being afraid of his violent outbursts. While the complex feelings brought about by domestic violence caused children to feel confused, sad, and angry, the letters children wrote to their father illustrate how much they care and how much they want their father to get ‘better’. Over the course of their fathers’ engagement with the programme, children reported that the progress and processes of change in their father become visible to them over time. As the men began to acquire an enhanced ability to empathise and communicate, children noticed a marked improvement in the father-child relationship. The data suggest that as these changes unfolded, children began to feel safer, with an improved sense of well-being. The

children in this study were overtly articulate in their accounts of the positive changes seen in their father's behaviour and about how they feel about him since the changes have taken place. Children reported feeling safer, spending more quality time with their father, having more trust in their father, and an overall enhanced sense of father-child relationship.

Overwhelmingly, the evidence presented here suggests that children's quality of life has improved during and since their fathers' participation on a DVPP. There is a caveat here however, in that running parallel to their fathers' intervention, all of the children participating in this study were receiving an integrated children's support service. This intervention was helping children to rebuild their self-esteem, ventilate their feelings about the violence in a safe environment, and importantly, to receive reassurance that the violence was not their fault. Threaded through this, children were feeling a greater sense of stability in their lives. It is not clear then, whether the positive outcomes for children found in this study would have been different had they not been able to access such support services. The support they received from children's support workers appeared to be crucial in their building of resilience. Evidence from previous studies show that it is important to children to talk about the domestic violence and to have their experiences acknowledged and validated. Given that the quality of mothers' parenting can be diminished in the context of domestic violence, the relationship children have with their support worker is a key component in their recovery and resilience.

A major finding from the data relates to an issue raised earlier in the research process and was also reported by DVPP workers. This was regarding enabling men to be accountable to their children by informing them of their participation on a DVPP. While all children in this study had been informed by one or both of their parents of their fathers' attendance on the programme, there appeared to be some tempering of this information. This was evident in the language used by children when asked to report the reasons for their fathers' participation on a DVPP. Many of the phrases used by the children i.e. 'for dad to control his anger', and, 'for dad to get better', tended to minimise the violence. It has been well documented that the minimisation of domestic violence, coupled with a denial of responsibility and a sense of entitlement, is a common phenomenon amongst perpetrators, and central to their abusive behaviour (Blacklock 2001). These factors will subsequently have representations at a family level as well as within the individual perpetrator. It is evident that the language of minimisation and denial of responsibility used by men may have subtly and overtly

clouded children's view of their father's violence and served to shift the responsibility from the perpetrator's actions to maintain power and control to actions he 'cannot help'. Theories of anger management or as violence due to stress tend to buy into the perpetrator's reasons for using violence, and as such it is explained this way to children.

The in-depth information gained from the interviews with children in this study would certainly not have been possible without the use of the additional projective techniques set out in the task-based research book. Projective techniques used on their own, such as children's drawings, have often been criticised for their lack of validity and reliability, primarily because the data obtained cannot be quantified but are instead interpreted by researchers (Krahn 1985, Polit and Hungler 1999). However, this technique was particularly beneficial for gathering information from children who lacked the ability or desire to verbalise their feelings or concerns regarding their fathers' behaviour. The research book was thus primarily used as a tool to facilitate conversations with the children and to empower those with marginal linguistic skills, rather than diagnostic of any emotional indicators per se. An evaluation task at the end of the research book asked children how they felt about the interview. All of the children who completed the research said they were 'happy' or 'proud' to do so.

Given that children's rights have now become a central aspect within human rights, there is a growing awareness of the importance of giving a voice to children on matters that affect them. Increasingly, evidence suggests that involving children in policy, service planning, delivery, evaluation and the development of services, increases children's citizenship, social inclusion and also their wider personal development. The trend of involving children more actively in safe and ethical research as part of their right to participate is challenging, but can be extremely effective in bringing about meaningful change in their lives (Kirby et al. 2003). Historically perhaps it has been these perceived challenges that have made researchers reluctant to ask children about the impact of their fathers' participation on a DVPP and it is this that has hindered the process of intervention. The development of the task based research book has given children in this study the opportunity to speak freely about their own experiences and how their lives have changed as a result of the perpetrator programme intervention. The research directly examines the impact of programmes on children and provides a starting point for developing our understanding of 'what works' for children who are living with, or are in contact with, a domestically violent father. The study further reminds us of the need to hear the independent voices of



children within the very structures that are designed to protect them (Davies and Krane 2003). In the following chapter I go on to explore the ramifications of the findings outlined in the thesis for policy and practice.

## **CHAPTER 8**

# **Conclusions and Recommendations**

### **8.0 Introduction**

Previous research on domestic violence perpetrators has tended to ignore or side-line the voices of children – with just one previous UK study asking children about their views (see Rayns 2010). This is likely to be due, in part, to a lack of methodological scholarship on how to approach the inclusion of children's voices in this field. Therefore, central to this research was the development of a child friendly tool for speaking to children about their experiences of their fathers' intervention. The study sought to answer four research questions.

1. To what extent are domestic violence perpetrator programmes working to support children whose father is participating on a programme?
2. To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children, and how does this affect the motivation of men?
3. What is the most appropriate methodology for seeking the views of children on their experiences of their fathers' participation on a domestic violence perpetrator programme?
4. How do children experience their fathers' participation on a domestic violence perpetrator programme and how have their lives changed as a result of this intervention?

So what were the principal findings in relation to the questions set out above? What recommendations follow from these findings? What was the principal contribution of this thesis to the field of domestic violence, DVPPs, and the outcomes of these for children? What were the limitations of this study and what future research needs to be conducted in order to explore this area further? This chapter draws together the answers to these questions.

### **8.1 Summary of findings**

The main empirical findings are chapter specific and are summarised within the respective empirical chapters: chapter four, findings from a survey of the nature and

extent of direct work with children; chapter five, findings from project workers on the impact of their work with men; chapter six, the development of the research tool for talking to children about their fathers' participation on a DVPP; and chapter seven, children's views regarding the outcomes of their fathers' participation on a DVPP. This section will synthesise the empirical findings to answer the study's four research questions.

### **8.1.1 Overview of research findings: To what extent are domestic violence perpetrator programmes working to support children whose fathers are participating in a programme?**

#### **Key Findings:**

- Only 50% ( $n=22$ ) of respondents said they were providing direct support services for children.
- Only three organisations work specifically with children whose father is participating in a DVPP.
- Almost a third of respondents indicated that a general lack of funding was the main reason for not providing support for children.

A survey was sent to 114 Respect member organisations to measure the extent of programmes that work with children as part of their DVPP work. While findings reveal that all 44 organisations who responded do, to varying degrees, work with children who have experienced domestic violence, this work is often carried out: through preventative work in schools; with individual children who have been referred from children's welfare services, where the perpetrator had left the family home; through floating support and outreach; or through parent and child programmes. Yet, despite the overall aim of perpetrator work being the promotion of safety for women and children (Respect 2004), the survey found that only three DVPPs in the UK said they provided a direct support service for children of men who are participating in a DVPP. The reality is that most therapeutic services are available only to children who no longer live with domestic violence, and that children are most likely to access services if their mother leaves and finds a place in a refuge. Even here however, provision may decrease as austerity measures bite (Towers and Walby 2012). These findings echo previous findings (see Humphreys et al. 2001, Mullender 2004), that found a distinct lack of community based services, particularly for children who remain living at home with both the non-abusing parent and the domestic violence perpetrator.

The findings here have implications for UK legal and policy initiatives, which appear to neglect the large numbers of children who live with domestic violence. Children in this situation are slipping through the net of the fragmented services on offer in the UK. One of the main problems here, and fundamental to ensuring the safety of women and children, is the lack of community-based perpetrator services in some areas. The gap in this service is a significant issue. Coy et al. (2009) for example, found that less than one in ten local authorities in the UK had a community-based domestic violence perpetrator programme. This is despite the fact that Local Government Association Guidance (2007) for commissioners of children's services stated that appropriate domestic violence group-work programmes for children need to be developed that link into domestic violence perpetrator programmes, and that they must all meet Respect minimum standards.

It would appear that UK family and child welfare policy has under-emphasised the fact that some fathers are also perpetrators of domestic violence and everyday practices within statutory services collude with this disconnection by failing to hold violent men to account for either the violence to their partner or the failure to protect their children (Devaney 2009). Coy et al. (2009) argue that there is still much work to be done in putting perpetrators into the foreground in social work practice/child protection, particularly in areas where there is not an established DVPP. The three programmes that took part in this study stand out as exceptional in their work supporting children within DVPPs.

#### **8.1.2 Overview of research findings: To what extent and in what ways do domestic violence perpetrator programmes address the impact of this intervention on children, and how does this affect the motivation of men?**

##### **Key Findings:**

- Interviews with DVPP workers reveal that a significantly high proportion of men using DVPP services are directed or referred to the programme and are, by far, the largest group of men attending the programme.
- All DVPP workers were positive regarding the impact that the specific sessions on children can have on men's intrinsic motivation to change.

- Limited work is undertaken to enable and encourage men to communicate with their children about the steps they are taking to end their abusive behaviour.
- Not all children whose father participates in a DVPP were offered direct support.

The perspectives of DVPP workers were crucial to the overall findings. Drawing on their experiences of working with women, children, and perpetrators helped me to link my questions with those I intended to ask children, in effect triangulating the data and drawing valid conclusions. This section thus presents findings from the semi structured interviews with eleven DVPP project workers.

Respect member organisations work on the principle of 'promoting best practice in working with perpetrators, to ensure that they prioritise the safety of those affected by domestic violence - namely women and children'. A core feature of their accreditation standard is that increasing children's safety requires addressing the harmful parenting of domestically violent fathers (Respect 2008, p77). To this end, findings from this study revealed that DVPP workers are acutely aware of men's minimisation and denial, with some workers saying they thought children's social services were at last beginning to acknowledge this denial and hold men accountable. All DVPP workers said they were seeing more referrals from children's social services than ever before. This suggests a significant shift within social work theory and practice, in respect to domestic violence.

For more than two decades it has been noted that men/fathers have been invisible, rarely spoken to alone, never mind targeted for interventions (see Stanley et al. 2010, Radford and Hester 2006). As a direct consequence, much 'parenting work' has been with mothers (Westmarland and Kelly 2012).

The research found that while specific sessions on the impact of domestic violence on children has always existed in work with perpetrators to a somewhat lesser degree, this element has been deepened in recent years and DVPPs are now redressing the relative neglect of parenting work and, in particular, the father-child relationship within much of their direct work with perpetrators.

All of the DVPPs in this study include specific modules in their programmes that promote safe and child focused parenting. This work is informed by an understanding that, firstly, it is not possible to be a 'good' parent whilst perpetrating domestic

violence. Secondly, it is recognised that a woman's ability to mother her children is undermined by ongoing abuse (Respect 2012). In interviews, DVPP workers suggested that the goal for a perpetrator is to develop a deeper sense of what it is like for women and children to live under his regime of control, alongside taking responsibility for change. This represents a level of potential change that is more than just stopping violence; it requires changing how they interact and engage with their children. However, findings suggest that there are no specific guidelines regarding the appropriate allocation of time for this to happen, and the number of sessions on the impact of domestic violence on children and parenting provided by DVPPs therefore varies. DVPP workers, however, showed much enthusiasm about the huge impact that these specific sessions can have on men's motivation to change. Specifically they were thought to:

- Increase men's awareness of child-centred fathering.
- Help to improve parenting skills.
- Develop men's capacity to understand the impact of their violence on their children.

Findings from DVPP workers suggest that the principles of women's empowerment, combined with the pooling of knowledge between agencies, provides a useful way to obtain a complete picture of the risks posed to children who live with domestic violence. However, supporting women as a way to protect the child may be so well known that it is taken for granted, and the specific risks to children overlooked (see Radford et al. 2011). DVPP workers spoke of their focused efforts to include even the youngest children in risk assessment and safety planning. This correlates with findings from research by Gerwitz and Menakem (2004) who have argued that children as young as three years old are able to understand and contribute to the safety planning process. DVPP workers also spoke of the value of the women's support worker in this respect, and her role in helping women and children to understand that they are not responsible for the perpetrators' behaviour, regardless of their own behaviour. Like Radford and Hester (2006) and Thiara (2010), DVPP workers pointed to the need for the parenting of violent fathers to form a part of a more rigorous risk assessment for fathers still living with his children, or caring for them following separation.

A significant finding, and one that needs to be addressed by DVPPs, relates to the issue of access to support for children. DVPP workers revealed that not all children

are automatically offered support when their father is referred, or self refers to a programme. Children whose fathers are referred to a DVPP through the route of social services are prioritised for support, either because they are on a child protection plan or there is long-standing domestic violence. This prioritisation clearly points to a lack of funding for work with children. A recent UK survey of domestic violence service providers, undertaken by Women's Aid in 2013/14, reveals that 13 per cent of respondents had stopped providing some services due to lack of funding, and nearly half of these were services for children (Women's Aid 2015).

### **8.1.3 Overview of research findings: What is the most appropriate methodology for seeking the views of children on their experiences of their fathers' participation on a domestic violence perpetrator programme?**

#### **Key Findings:**

- A review of the literature on methods used with children found there was no tool in existence that was appropriate for eliciting the views of children on their fathers' participation on a DVPP.
- The research book is a unique way to capture information from children that will inform and influence perpetrator intervention.

A key objective for this study was for me to broaden my understanding of how best to engage children in the research. A systematic review of the literature revealed there was no appropriate tool already in use that would elicit rich data from children on the issue of domestic violence and DVPPs. This meant that I was challenged to develop my own research tool that was non-intrusive, safe and sensitive enough for children to talk openly and honestly about their experiences. The research book was also developed in response to the need to understand children's experiences of domestic violence from children themselves (Mullender et al. 2002), rather than focusing on the narrative accounts of what professionals and mothers have to say about its effects on children (Radford et al. 2011, Alderson et al. 2013). As Sternberg et al. (2006) argue, children's perspectives on the violence in their families are often different to those of adults in their lives. This reinforces how critical it is for programmes to create spaces where children's voices are heard. It cannot be assumed that success in terms of women's safety can be a proxy for success for children. The research book was thus designed as a bespoke method for this particular research study, with the collaboration of children's workers, programme facilitators and children themselves.

The development of the research book has important implications in terms of policy and practice as its use provides us with a stronger base for decision-making in relation to children's welfare services. Recent developments within law and policy have recognised the importance of including children in research as active subjects rather than passive objects. For example, the inclusion of children in research underpins recent developments in the children's rights arena, with recognition that children have a right to be included in decisions that affect their own lives. The United Nations Convention on the Rights of the Child (1989), The Children Act (1989) and Every Child Matters (2003) have all underpinned this endeavour to give children a voice in their own right.

However, it is perhaps the challenges for social researchers associated with undertaking sensitive research with children, which may play a part in the paucity of studies on the issue of domestic violence. The manner of engaging, listening with, and giving voice to children's views about domestic violence poses huge challenges and is intrinsically loaded with ethical concerns. Undertaking this type of research can arguably become even more complicated when asking children questions about their domestically violent father. Notwithstanding the above, it is the approach taken in its application that makes the research book an effective method of talking to children about domestic violence. It is important that the methodological position that informed my approach is adopted in future research. This standpoint means that, as a researcher, I identified with the children and considered them to have the expert knowledge on the topic we were discussing. My research thus had a feminist methodology that utilised a children's rights perspective (McCarry 2005).

#### **8.1.4 Overview of research findings: How do children experience their fathers' participation on a domestic violence perpetrator programme, and how have their lives changed as a result of this intervention?**

##### **Key findings:**

- Children in this study whose father had completed a DVPP *and* who were themselves receiving support reported a major shift in how safe they felt with him.
- Children in this research were articulate in their accounts of having an improved sense of well-being, spending more quality time with their father, and an overall enhanced father-child relationship.



- Most of the children reported the significance of the DVPP support worker as offering a sense of continuity, understanding and friendship.

As community-based perpetrator programmes take an increased proportion of referrals from children's services, the outcomes of this intervention for children themselves has required more specific attention. My interviews with 11 children age 7-16 years, aimed to investigate how their fathers' participation on a DVPP impacted on their lives. Specifically, I was interested in the following set of sub questions: How does children's quality of life differ before and after fathers' participation? How are children informed about their father's participation? Do children feel safer when their father has participated on a DVPP? Would children recommend a DVPP to other children experiencing domestic violence? Do children have more trust in their father after his participation on a DVPP? Thematic analysis from interviews, with both DVPP workers and children, revealed the answers to these sub questions.

All, except one, of the children who took part in this research, said they could remember 'witnessing' the domestic violence, either being physically present or in another room. For children to watch these behaviours being played out between the adults in their lives and not fully understanding the problem and its severity can create anger and resentment about the situation and confusion about who is to blame (see Peled 2000). Moreover, the inconsistent behaviours of perpetrators can also be confusing for children. Threaded throughout this thesis it is clear that previous research, to date, has had little to say about whether perpetrator programmes change violent men's fathering (Hame 2011), or indeed enhance, in any way, the father-child relationship. Findings from this study begin to close the gap in this knowledge by asking children their views.

### **Enhanced father-child relationship**

It was clear from interviews with both DVPP workers and children that to some extent over the course of the programme, and as men begin to acquire an enhanced ability to empathise and communicate, the progress and processes of these changes become visible to their children. This correlates with findings from the wider Mirabal project that shows for those men on a programme who had contact with their children, positive changes had occurred in their parenting styles. Data from both men on DVPPs and their partners found that many men had learned to play and communicate, often in order to have contact with children, and had an increased awareness of children's anxiety and fear about their violent behaviour. Many noted how powerful the specific

sessions on children were when they were asked to put themselves in the position of children living with domestic violence (Kelly and Westmarland 2015).

Children in this research were articulate in their accounts of having an improved sense of well-being, spending more quality time with their father, and an overall enhanced father-child relationship.

### **Telling children**

Research with children, who have lived with domestic violence, has consistently shown that they prefer honest and open communication, whilst recognising that mothers often tried to protect them through silence (McGee 2000, Mullender et al. 2002). While it is undoubtedly inappropriate for a child to be given detailed information about the content of programme sessions, the data shows that there appears to be some minimising of the reasons why men are attending, and thus what changes children might expect in their behaviour.

It became apparent from the interviews with children that some had only been told about their fathers' attendance on the DVPP in light of the invitation to participate in this research. Others had known for some time, commonly using terms such as 'on a course' and 'working with Dad' rather than the terms 'domestic violence' and/or 'perpetrator programme'. Overall there appeared to be no consistent process by which children were informed about their fathers' participation on a DVPP. Interviews with DVPP staff showed that they were divided on who they thought would be best placed to talk to the children about their father being on a DVPP. While most thought that fathers should be the person to tell children, some argued that mothers would be most able to communicate this information. I have argued here in this thesis, and elsewhere (Alderson et al. 2013) that an honest and open dialogue with children about the perpetrators participation is fundamental if the principle of accountability for violence is to be extended. To this end, perpetrator programmes should integrate this into their work and develop pathways for enabling men to talk about the domestic violence with their children. This would enable men to feel knowledgeable and confident in talking with children about their participation and what they are working to change, in effect developing pathways to enable men to talk about the domestic violence with their children. Such conversations also offer opportunities for fathers to show that they are aware of the costs of their actions for children and provide a space for children's hurt and distress to be heard.

## **Trust**

Findings from the thematic analysis of interviews with children reveal that the issue of trust is of particular importance to children, and this was frequently noted in both the narrative interviews and the task-based research book. A key objective was to investigate whether children trust that their father really had changed after his participation on a DVPP. Findings from interviews with children show that many have complex feelings regarding trust towards their father. These feelings may cause children to feel wary of a raised voice or an angry gesture and fear that violence is imminent. It was certainly not the case that children had now forgiven their father's actions and forgotten what it was like to live in a household controlled by violence and abuse. On the contrary, many of the children remembered very well, recounting past experiences of their father's violence and how it made them feel.

Interviews revealed that, overwhelmingly, all of the children said that things were now calmer at home and most wanted to spend more time doing activities with their father. Central to the issue of trust was illustrated in children's 'letter to dad' - their need for a heartfelt apology from their father. Providing emotional support for children as they process these complex feelings about their father figure is essential. Findings from the wider Mirabal project found that only a minority of men were able to make this step in ways that deemed authentic and meaningful to their partners. While several women, whose ex-partners had been required by Cafcass to apologise to children, pondered why the men had not considered that they too deserved an apology.

This was seen as a practice challenge for DVPPs and Cafcass (Kelly and Westmarland 2015). Programmes should expect, and enable, men to communicate with their children and partners about the steps they are taking to end their abusive behaviour, to apologise and to show that they are aware of the costs of their actions for children and provide a space for children's hurt and distress to be heard. This needs to be central to their accountability. Children clearly identified the continuity, understanding and friendship of the support worker in allowing them 'space for adaptation' on the road to this recovery and in building resilience.

## **8.2 Limitations of the Study**

Research to date has had little to say about whether perpetrator programmes change violent men's fathering (Hame 2011). While this study offered new insights into the way outcomes for children, in relation to DVPPs, are understood, it is important to

acknowledge a number of limitations that underline the importance of treating these findings as a way of lending confidence in furthering the developments of DVPPs, rather than demonstrating statistically significant findings.

### **8.2.1 Methodology**

It will be important for future researchers to replicate the study's methodology when undertaking research on DVPPs. This replication will also assist with the production of comparative studies and with the completion of systematic review in the future. A discussion of the limitations of the research book can be found in chapter 6 (section 6.10.3). The evaluation did not include a comparison group, so further research is required in order to be confident that the improvements in outcomes are a direct result of fathers' participation on the programme.

### **8.2.2 Sample size**

The sample size of children in this study could be deemed a limitation of the research. The reasons for the small sample size are discussed earlier in the thesis (see chapter 3, section 3.3.3). However, the success of discursive research is not dependent simply on sample size, and larger samples do not necessarily indicate better research (Potter and Wetherell 1987). Rather an indicator of 'better research' can be its consideration of the new voice of an otherwise marginalised individual or group. Indeed it is argued here – and which, was courageously demonstrated by Campbell (2001) – the voice of the researcher, i.e. the experiences of the researcher, engaged in this highly demanding field of research, requires a greater 'belief' in not only the credibility of such research, but the impact upon the researcher and her/his experience as a valid and robust outcome of gender research. Feminism, of all stages, holds at its core the belief that women's voices, and those of other marginalised groups, should be heard and respected, as they are equally as valid as any male voice.

### **8.2.3 Sample ethnicity**

Despite my wish to include a diverse sample of children, the ethnic homogeneity (White European) of the sample did not allow for exploration of the research questions with children from minority ethnic groups. This was because there were no minority ethnic families, at the time of this study, accessing the DVPP services in question. Although the lack of social diversity could be viewed as a limitation of my study, it is,

nevertheless, an accurate reflection of the majority of the ethnicity and background of people using DVPP services. Specialist services for minority children are limited, clearly indicating an urgent need to explore the development of long-term provision (Thiara and Gill 2010). The experiences of children from ethnic minorities living with domestic violence remain under-researched leaving a continuing gap in our knowledge. If policy and practice are to be adequately informed by children's views about their needs, this gap needs to be urgently addressed.

#### **8.2.4 Source of referrals**

I was keen to investigate the main source of referrals to DVPPs to gain an overview of the agencies that were accessing the intervention. I also wanted to identify those agencies not referring, in order that opportunities could be created for DVPPs to liaise and network, to generate new referrals from a range of other agencies. While the topic was discussed in interviews with all DVPP workers, I also asked the relevant participants from each project (those with access to project data) whether they would supply me with the relevant information regarding organisations making referrals and the referral process. Despite email reminders none of this information was returned. While disappointing, in hindsight it may well reflect the timing; when local government and voluntary sector agencies were facing heavy budget cuts and uncertain futures (Coy et al. 2011). Responding to requests from researchers can hardly be a priority when workers are unsure about the security of their jobs.

### **8.3 Contribution to knowledge**

This thesis contributes to the literature on domestic violence and children in two ways: it presents a new way of gathering sensitive data from children, and investigates the outcomes for children of their fathers' participation on a DVPP. Children's capacity to reflect on their experiences was certainly evidenced in this study, however, accessing and utilising such reflections requires very careful consideration.

In a move away from following the prescriptions of other researchers to the letter by simply applying a previously published method to a new body of data, I made a contribution to knowledge by designing a task-based research book as a bespoke method for investigating children's views. This tool elicited rich data, allowing me to get closer to understanding children's experiences by enhancing their ability to communicate their perspectives at the point of data-gathering. This research has

shown for the first time that children whose fathers are participating on a DVPP, and who are themselves receiving dedicated support from a DVPP, feel safer and are able to develop a more rewarding relationship with their father.

## **8.4 Future research**

The scale of the problem regarding the fathering practices of domestic violence perpetrators is extensive and multifaceted. There remains a dearth of research in the UK on fathers' involvement in their children's welfare while completing a perpetrator programme. In order to generate achievable policy strategies and development targets there is need for research at the local level to allow further long-term assessment of children's well-being. As part of this, DVPPs would need to have an increased participatory practice strategy for including children in decision making. This would be innovative in domestic violence services that have perhaps tended to shy away from including children in discussions about domestic violence due to its sensitive nature. The Children and Young People's Unit (CYPU) however, has made its commitment to children's participation clear:

‘The Government wants children and young people to have more opportunities to get involved in the design, provision and evaluation of policies and services that affect them or which they use.’ (CYPU cited in Kirby et al. 2003, p9)

There are many other requirements for organisations to involve children. For example, article 12 of the UN Convention on the Rights of the Child (UNCRC), Children Act 1989, Health and Social Care Act 2001, Education Act 2002, to name a few. Future research could collaborate with this by involving children in monitoring and evaluation of DVPP services, including commissioning, undertaking and disseminating research projects, and their participation on research advisory groups or as interviewers. This study has highlighted that children's voices are important and that they are clearly capable of articulating their thoughts and concerns on all matters that affect them, including domestic violence.

## **8.5 Recommendations**

Findings from this research demand responses if outcomes for children experiencing domestic violence are to be improved, and support for children within DVPPs should become a major part of this. While data from small-scale qualitative studies cannot

easily be generalised to the wider population, when applied sensitively in local contexts, qualitative findings can be a useful starting point for service development and also for generating ideas for further research. A number of recommendations have been outlined below for policy, practice and research. Some of these recommendations can be easily implemented, whilst others require further research to be carried out. Not to implement them would ignore the role of domestically abusive fathers in children's lives. In making the following recommendations I draw on findings that relate to my specific research questions outlined earlier in this chapter.

### **8.5.1 Recommendation for policy-makers**

Support for all children, regardless of their fathers' route of referral, should be available and this needs to be protected in strategic planning and funding decisions.

Only three DVPPs from 44 survey respondents currently carry out direct work with children. Workers here expressed frustrations over long waiting lists of child referrals and the impact of austerity measures. While the majority of DVPPs have dedicated support for women, as a core part of service provision, there is limited financial and policy support for children's support work and this has subsequently limited their capacity. An investment in children's support work and robust evaluation that tracks improved outcomes in children's safety, health and well-being would provide the evidence base needed to show that work with perpetrators as part of a holistic community response to domestic violence is successful.

### **8.5.2 Recommendations for practice**

It is also recommended that men should be actively encouraged, where safe and appropriate, to tell their children about their attendance on a DVPP. This is part of breaking the silence about domestic violence and will go some way to ensure that children do not think either the violence, or their parents separating is somehow 'their fault'.

DVPPs should place all children at the centre of their organisation and design strategies for children's participation in policy, service planning, delivery and

evaluation, under the UNCRC, which states children should be involved in all decisions affecting their lives.

### **8.5.3 Recommendation for research**

Building on my discussion in section 8.4, it is recommended that the application of the research book should be underpinned with a feminist methodology that also endorses a children's rights approach in any future replication study that investigates the impact of DVPPs on children.

## **8.6 Conclusion**

Despite the central importance of children in social work practice, domestically violent fathers have rarely been explicitly challenged about their behaviour. In recent years DVPPs have provided an avenue for social services to refer men to a programme so that they can be held accountable for their violence and its impact on women and children. To this end, however, the voices of children on the impact of their fathers' participation on a DVPP have remained relatively silent. This thesis investigated the impact of DVPPs on children whose fathers participated using a bespoke multi-methodological approach.

The study itself is linked to a wider research project undertaken by the Mirabal team (Kelly and Westmarland 2015), in which six measures of success were developed after drawing on interviews with men on programmes, women whose (ex)partners were on a DVPP, DVPP staff and funders (see Westmarland et al. 2010). Findings here revealed that DVPPs can and do actually work in reducing men's violence and abuse and increasing the freedom of women and children. Both the quantitative and qualitative data showed steps towards change for the vast majority of men attending DVPPs. Kelly and Westmarland (2015) state:

'Programmes do extend men's understandings of violence and abuse, with clear shifts from talking about standalone incidents of physical violence to beginning to recognise ongoing coercive control.' (p45)

Findings from my own study build on this body of research, adding to this the voices of children themselves and their views on outcomes of their fathers' participation on a DVPP.



As a feminist, with most of my previous studies firmly located in the women's sector, I began my research with a healthy scepticism about the extent to which fathers choose to change. Findings from my study, however, show that outcomes for children are positive with children reporting an improved sense of well-being, spending more quality time with their father, and an overall enhanced father-child relationship. Most of the children reported the significance of the DVPP support worker as offering a sense of continuity, understanding and friendship, however the lack of support services for children across the UK as a whole are cause for concern. These findings are an important contribution to the literature in both the field of domestic violence and in children's social care.

Whilst there is more work to be done, and improvements to be made to group-work with men and increased support for children within DVPPs, I am optimistic about their ability to play an important role in the quest for safer, healthier outcomes for children experiencing domestic violence. For too long, children's needs have been overlooked when the focus has been on the needs of the parent, while a focus on child protection has resulted in the impact of domestic violence on the abused parent being overlooked. By listening to what children have to say, the findings from this research offer potential for domestic violence services and children's social care services to work together to deliver an integrated community response to domestic violence where children's voices are placed at the centre.

## Appendix 1: Research ethics and risk assessment form



### RESEARCH ETHICS AND RISK ASSESSMENT FORM

All research that involves access to human participants or to personal data with identifiable cases must be assessed for ethical issues and risks to the research participants and researcher(s).<sup>1</sup> The research ethics form starts this process and must be submitted by the principal investigator<sup>2</sup> for *all* such projects that staff or students of the School intend to undertake. Research that is purely literature-based does not require ethical approval.

It is your responsibility to follow an appropriate code of ethical practice, such as that of the British Sociological Association or Social Research Association<sup>3</sup>, and to acquaint yourself with safety issues by consulting an appropriate reference such as *Social Research Update: Safety in Social Research*<sup>4</sup> and the *Code of Safety* developed by the Social Research Association<sup>5</sup>. Data should be handled in a manner compliant with the Data Protection Act. Researchers undertaking studies in an NHS or social services setting must abide by the *Research Governance Framework for Health and Social Care*<sup>6</sup> and those with funding from a research council must work within the appropriate research ethics framework, for example, the ESRC Research Ethics Framework<sup>7</sup>. Useful guidance is also contained in the *Code of Practice for Research* published by the UK Research Integrity Office<sup>8</sup>.

***When completed, this form should be submitted to the designated approver for your type of project. The form must be approved before any data collection begins.***

<b><i>Type of project</i></b>	<b><i>Default Approver</i></b>
Students on Social Work programmes	Social Work Ethics Committee (via Programme Secretary)
All other students undertaking dissertations on taught courses	Your dissertation supervisor
All other students undertaking project work as part of taught modules	Your module convenor or workshop leader
Research students	Director of Postgraduate Research (via SASS Research Secretary)
Staff	Chair of Research Committee (via SASS Research Secretary)

<sup>1</sup> See Durham University School of Applied Social Sciences *Research Ethics and Risk Assessment Policy and Procedures*, revised September 2010

<sup>2</sup> In the case of student research, the principal investigator is usually the student.

<sup>3</sup> <http://www.britsoc.co.uk/equality/Statement+Ethical+Practice.htm>

<sup>4</sup> <http://www.the-sra.org.uk/guidelines.htm#ethic>

<sup>5</sup> <http://sru.soc.surrey.ac.uk/SRU29.html>

<sup>6</sup> <http://www.the-sra.org.uk/safety>

<sup>7</sup> [http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/AtoZ/Researchgovernance/DH\\_4002112](http://www.dh.gov.uk/en/Aboutus/Researchanddevelopment/AtoZ/Researchgovernance/DH_4002112)

<sup>8</sup> [http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/opportunities/research\\_ethics\\_framework/](http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/opportunities/research_ethics_framework/)

<sup>8</sup> <http://www.ukrio.org>

## **PART A. To be filled in by all applicants**

### **Section A. I Project outline**

Name of investigator: *Susan Alderson*

E-mail address: *susan.alderson@durham.ac.uk*

Dissertation/project title: *An investigation into the impact of domestic violence perpetrator programmes on the children of men who attend*

Degree and year (students only): *PhD 2<sup>nd</sup> year*

Estimated start date: *Oct 2009*  
*2012*

Estimated end date: *Oct*

Summary (up to 250 words describing main research questions, methods and brief details of any participants)

*The study will focus on children of men who attend a domestic violence perpetrator programme, and will:*

*Assess the extent of programmes that are working with children and young people (survey questionnaire).*

*Assess the extent to, and ways in which, domestic violence perpetrator programmes address the impact on children of living with violence and how change can be effected..*

*Explore the extent to which referrals to domestic violence perpetrator programmes are coming through child protection procedures and assessments and how this affects the motivation of men.*

*Develop and pilot a methodology for seeking children's views about the participation of their father/carer on programmes (interviews with programme workers for feedback on tool).*

*Elicit the views of children and young people on their experiences of their father/carer figure taking part in a perpetrator programme, and how or if, their life has changed as a result of this intervention (see appendix 1 for research booklet for children).*

#### *Methods*

*Online survey to assess the number of Respect perpetrator programmes conducting direct work with children and how this work is conducted.*

*Documentary evidence will be collected i.e programme assessment tools and handbooks. Secondary analysis of original project data, video sessions of perpetrators which address their relationships with children.*

*Documentary analysis will also be conducted in order to assess the main ways that referrals are coming through the safeguarding children procedures. An investigation of programme data will also reveal how risk assessments and reporting requirements of men on programmes are carried out.*

*In addition, interviews will be conducted with programme managers in order to reveal;*

- How the source of referral affects the motivation of men on programmes*
- How referrers understand domestic violence and its links to child safety.*
- How programmes define 'success' in terms of perpetrators, mothers and children.*

*4. In order to develop a methodology for seeking the views of children on the participation of their father/ carer on a perpetrator programme, a literature search was conducted in order to assess the range of methods that have previously been used in research with children on the issue of domestic violence. The scope of the literature was widened further to include research methods that have previously been used with children to investigate a variety of other research topics. Perpetrator programme children's workers will be interviewed regarding the method of research chosen for this study, and asked for feedback regarding suitability.*

*5. Using qualitative research in the form of a research booklet, children (30) aged 8-13 will be interviewed.*

**Section A.2 Ethics checklist** (please answer each question by ticking as appropriate)

	Yes	No
a). Does the study involve participants who are vulnerable or unable to give informed consent (e.g. children under 16, people with learning disabilities)?	√ <input type="checkbox"/>	<input type="checkbox"/>
b). Will it be necessary for participants to take part in the study without their knowledge/consent (e.g. covert observation of people in <i>non-public</i> places)?	<input type="checkbox"/>	√ <input type="checkbox"/>
c). Could the study cause harm, discomfort, stress, anxiety or any other negative consequence beyond the risks encountered in normal life?	√ <input type="checkbox"/>	<input type="checkbox"/>
d). Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	√ <input type="checkbox"/>
e). Will the project involve the participation of patients, users or staff through the NHS or a social services department?	<input type="checkbox"/>	√ <input type="checkbox"/>
f). Are appropriate steps being taken to protect anonymity and confidentiality? (in accordance with an appropriate Statement of Ethical Practice).	√ <input type="checkbox"/>	<input type="checkbox"/>

If you have answered '**yes**' to any of questions a) to e), you must complete Part B of the form. Now go to Section A.3.

**Section A.3 Risk assessment checklist**

	Yes	No
a). Does the study involve practical work such as interviewing that requires the researcher(s) to travel to and from locations outside the University?	√ <input type="checkbox"/>	<input type="checkbox"/>
b). Does the study involve accessing non-public sites that require permission to enter?	√ <input type="checkbox"/>	<input type="checkbox"/>
c). Are there any identifiable hazards involved in carrying out the study, such as lone working in isolated settings?	<input type="checkbox"/>	√ <input type="checkbox"/>

If you have answered '**yes**' to any of questions a) to c), you must complete Part C. of this form.

**Section A.4 Next steps**

- If *only* Part A is required, please go to Part D of the form and ensure you complete the checklist and sign the completed form. Submit the form to the designated approver
- If you need to fill in Part B (this is required if you have answered 'yes' to any of questions a) to e) in Section A.2) please continue and complete Part B and add any further attachments.
- If you need to fill in Part C (this is required if you have answered 'yes' to any of the questions in Section A.3) please continue and complete Part C.

**PART B**

Part B must be completed if you have answered 'Yes' to any of questions a to e in Section 2 of Part A. If your project requires approval from an NHS or Social Services ethics committee, you should submit a draft application to your designated approver prior to submission to the appropriate ethics committee. Once approval has been granted, including meeting any conditions, you must submit the approved form together with evidence of this approval. If you are submitting a draft NHS or Social Services ethics form, you only need to complete Section 1 of Part B.

**Section B.1 Other approvals**

- a) Does the research require ethical approval from the NHS or a Social Services Authority?

Yes ☐ No ☒

If 'Yes', is the draft documentation attached? Yes ☐ No ☐

- b) Might the proposed research meet the definition of a clinical trial? It may do so if it involves studying the effects on participants of drugs, devices, diets, behavioural strategies such as exercise or counselling, or other 'clinical' procedures.

Yes ☐ No ☒

**If 'Yes', a copy of this form must be sent to the University's Insurance Officer, Procurement Department. Tel: 0191 334 9266. Insurance approval will be necessary before the project can start and evidence of approval must be attached with this form.**

**Section B.2 Project details and ethical considerations**

How many research participants will be involved in the study (sample size)

*As maximum variation sampling will be employed, it is not yet known at this stage the exact number of participants. However the anticipated approximation:*

- a) All 'Respect' programme managers (50)*
- b) All project children's workers (10)*
- c) Sample of service users (children)(30)*

How will they be selected? (e.g. age, sex, other selection criteria or sampling procedure)

*All managers of Respect perpetrator programmes (approx 50) will participate in an online scoping study in order to identify programmes working with children. Children's workers (approx 10) from identified programmes will be asked to take part in a semi structured interview. Data will also be collected from a sample of children aged 8-13yrs*

*(approx30) from programmes undertaking direct work with children of domestic violence perpetrators. The age range 8-13yrs is recommended by the National Children's Bureau as an appropriate age to undertake research with children on the issue of domestic violence.*

d) Are there any people who will be excluded? If so state the criteria to be used

*No*

e) Who are the participants? (e.g. social services clients, NHS patients, users of a specific service)

*Respect perpetrator programme managers, perpetrator programme support staff and children service users.*

f) Who will explain the investigation to the participant(s)?

*Researcher Susan Alderson. Written information leaflets will also be given to participant (please see attached).*

*Sufficient information will be included in order to enable participants to make an informed decision. Alderson and Morrow (2004) suggest that information sheets for children should take a personal approach using an active rather than passive voice and reflect the development of children's reading and language skills. The information will include:*

*The purpose of the research*

*Who the researcher is*

*Possible risks*

*How great or small the risks may be*

*Possible benefits*

*What they will have to do if they decide to participate*

g) How and where will consent be recorded?

*The Department of Health (2001) state that three main elements need to be considered when deciding whether a person is capable of giving informed consent: They must be acting voluntary (not coerced), they need to be provided with sufficient information, they need to be competent.*

*In order to assess whether children are competent in making an informed decision the researcher will consider whether the child understands; that they have the right to refuse or withdraw from the study without adverse circumstances, that they understand what the research is about, who is funding the research, what is expected of him/her, how the information will be recorded, what degree of anonymity/confidentiality will be provided, how the information will be used, and who will see the results. The National Children's Bureau (2003) suggests this information needs to be provided in a developmentally appropriate way, therefore child friendly information sheets will be designed and children will have the opportunity to ask the researcher questions.*

*The National Children's Bureau (2003) suggest that where children have sufficient understanding and intelligence to understand what is proposed, it is their consent, and not that of their parents, that is required by law. However ethical research involves informing and respecting everyone involved, therefore the non-perpetrating parent will be approached to give consent. The research will thus include active agreement whereby consent for participation is sought of the part of both the child and non-perpetrating parent.*

*In order to empower children participating in the research process, they will be asked to sign and date a consent form. Support workers will also be asked to sign consent forms.*

*What steps will be taken to safeguard the anonymity of records, to maintain the levels of confidentiality promised to participants and to ensure compliance with the requirements of the Data Protection Act?*

*All participants will be fully informed of the purpose of the study both verbally and in the form of a standardised information/debriefing sheet (see appendix). Participants will be assured in writing of confidentiality and anonymity as far as possible. Children and young people will be offered confidentiality within the familiar parameters of any disclosures of current harm or risk to the child, which needs to be shared with the appropriate authorities. Any child protection issues will be handled through programmes' normal procedures. Signed consent forms, transcribed interview verbatim, and recording discs will be stored in a locked filing cabinet in the School of Applied Social Sciences, Durham University. All names and personally identifiable detail will not be documented.*

h) Will non-anonymised questionnaires, tapes or video recordings be destroyed at the end of the project?

Yes ☒ Go to B.3

No ☐ Go to next question

Not Applicable ☐ Go

to B.3



- i) What further use do you intend to make of the material and how and where will this be stored?

*As the research undertaken is to form the basis of a PhD, consent will also be taken from all participants for their data to be used for such academic purposes, including any future publications*

- j) Will consent be requested for this future use? Yes ☒ No ☐ Not Applicable ☐

### Section B.3 Risk or discomfort to participants

What discomfort, danger or interference with normal activities could be experienced by participants? State probability, seriousness, and precautions to minimise each risk.

Risk/Discomfort	Probability	Seriousness	Precautions
<b>Workers</b> Workers may feel uncomfortable with disclosing information about the organisation	Medium probability	low	All transcripts will be anonymised and workers will be assured of confidentiality
<b>Children</b> Children may be concerned about disclosing information regarding domestic violence and may feel pressured to take part.	Medium	medium	Consent will be sought from parents and also from children themselves
Children may disclose risk or actual abuse	Medium	High -Child protection issue	Children will be made aware that they will be offered limited confidentiality regarding any disclosure of abuse and that the researcher is obliged to report this through child protection channels
Children may be distressed	medium	high	Every precaution will be taken to ensure children will not become distressed. All questions will be as un-intrusive as possible. However all interviews will be conducted onsite and children's workers will be on hand to offer support.

**PART C. FIELDWORK RISK ASSESSMENT AND HEALTH DECLARATION**

All applicants who intend to conduct research with human participants outside the University should complete these forms. For further guidance please consult the University's Health and Safety Manual Section F1 at:

<http://www.dur.ac.uk/resources/healthandsafety/manual/f1.pdf>

**Section C.1 Fieldwork Risk Assessment**

<b>DEPARTMENT</b> School of Applied Social Science	<b>LOCATION</b> Durham University
<b>ACTIVITY</b> Research	<b>PERSONS AT RISK</b> Susan Alderson Researcher
<b>DURATION OF ACTIVITY</b> September-December 2011	
<b>POTENTIAL HAZARDS:</b> None	
<b>POTENTIAL CONSEQUENCES:</b> None	
<b>EXISTING CONTROLS:</b>	
<b>RISK RATING (SEVERITY X LIKELIHOOD) WITH EXISTING CONTROLS</b>	
Severity ..... X Likelihood ..... = Risk Rating .LOW.....           HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/>	
<b>NEW CONTROLS REQUIRED:</b> .	
<b>RISK RATING (SEVERITY X LIKELIHOOD) WITH NEWCONTROLS</b>	
Severity ..... X Likelihood ..... = Risk Rating .....           HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/>	
<b>ASSESSOR</b> NAME ..Dr Nicole Westmarland      JOB TITLE....PhD Supervisor..... SIGNATURE ..... DATE .....	

**Section C.2 Fieldwork Health Declaration**

During your research you may undertake one or more periods of fieldwork, involving visits to locations some of which will require a reasonable degree of physical health and fitness. In order to ensure that each research project operates with due regard for health and safety - in addition to being rewarding for those involved - all students and staff who expect to participate in fieldwork must declare any medical condition or incapacity which could prevent them from fully participating in the expected activities, or which may endanger the health and safety of themselves and others. As a condition of undertaking the research, you must complete the form below, after first becoming familiar with the details and expectations of the proposed fieldwork activities. All information will be treated in the strictest confidence and used only for determining the suitability of a fieldwork activity.

Please note that answering YES to any of Part B does not automatically exclude you from a fieldwork activity and every effort will be made to provide alternative arrangements where these are necessary, but it is essential that you provide full information. Where YES is answered, or the Part C declaration is not signed, the matter will be referred for a further medical opinion.

**PART A**

Department of    School of Applied Social Sciences

Location of research \_\_\_\_\_  
2011

Start and End dates - Sept-Dec

Name of researcher: Susan Alderson  
Westmarland

Name of supervisor: Dr Nicole

**PART B**

Do you have a medical condition, allergy or intolerance that may restrict your taking part in the expected fieldwork activities?

NO

DETAILS

Do you have any physical injury or incapacity that may restrict your taking part in the expected fieldwork activities?

NO

DETAILS

Do you take medication to control any of the above conditions?

NO

DETAILS

**PART C**

I declare that I am not knowingly suffering from any medical condition or disability that could prevent me from participating fully in the fieldwork activities.

My last tetanus booster was on.... September 2007

Signed \_\_\_\_\_ Date 19<sup>th</sup> July 2011

**PART D. CHECKLIST AND SIGNATURES****Section D.1 Checklist of attachments**

***All applicants should tick which parts of the form you have completed and the documents you are attaching with this form:***

1. Part A (all applicants)	<input type="checkbox"/>
2. Part B (for research with vulnerable people, on sensitive topics, etc)	<input type="checkbox"/>
3. Part C (for research outside the university)	<input type="checkbox"/>
4. Confirmation of insurance cover (if applicable; see Part B, section B.1.b.)	<input type="checkbox"/>
5. Information sheet for participants (required if consent is to be obtained)	<input type="checkbox"/>
6. Consent form for participants (required if consent is to be obtained)	<input type="checkbox"/>
7. Draft questionnaire (required if you are using a questionnaire)	<input type="checkbox"/>
8. Draft interview/focus group guide (required if you are using interviews/focus groups)	<input type="checkbox"/>
9. Written confirmation from all agencies involved in the study that they agree to participate. (STUDENTS ONLY ARE REQUIRED TO SUBMIT THIS - the agreement may be 'in principle', pending ethics approval by the university or the agency. An e-mail from a manager or other appropriate gatekeeper is acceptable).	<input type="checkbox"/>

**Section D.2 Signatures**

***All applicants must complete this section***

Principal Investigator<sup>9</sup>:..... Date:  
Supervisor/tutor (research students only):..... Date

**3 Next steps**

This signed form with all attachments should be submitted to the appropriate person for review and approval, as indicated on the front sheet of the form.

<sup>9</sup> For student dissertations and projects, the principal investigator will usually be the student

**FOR OFFICE USE ONLY****PART E: OUTCOME OF APPLICATION**

Please tick

a) The proposal is satisfactory and should be accepted as it stands.	
b) The proposal should be accepted subject to the conditions noted below.	
c) The proposal is accepted subject to approval of an NHS or Social Services Ethics Committee	
d) (If applicable) The proposal is accepted and any necessary external approval has been granted.	
e) The applicant should submit a new/revised proposal in the light of the comments noted below.	

**Comments** *(for forwarding to the applicant)*

Signed .....Date

.....

Name (block capitals) ..... Designation

.....

A COPY OF THE APPROVED FORM MUST BE KEPT ON FILE.  
STUDENTS ON TAUGHT PROGRAMMES MUST SUBMIT A COPY OF THE  
APPROVED FORM TO THE RELEVANT PROGRAMME SECRETARY .

## **References**

*Alderson, P and Morrow, V (2004) The Ethics of Research with Children and Young Children; A Practical Handbook. London: Sage*

*Department of Health (2001) Consent: what you have a right to expect: A guide for parent. London: Department of Health*

*The National Children's Bureau (2003) Guidelines for Research [www.nch.org.uk](http://www.nch.org.uk)*

## Appendix 2: Information sheet for DVPP workers

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### **An investigation into the impact of perpetrator programmes on children and young people**

My name is Sue Alderson and I am part of the Respect multi-site research into perpetrator programme outcomes. My particular focus is the impact of perpetrator programmes on the children and young people whose father/male carer is attending. Your views on this issue are very important and I would be very grateful if you would agree to take part in a semi-structured interview.

Below is some information to help you decide whether or not to take part. Please take time to read it, and please ask me if there is anything you do not understand or if you would like more information. .

1. I would like to invite you to meet up with me at your place of work and ask you questions about the ways you think perpetrator programmes impact on the children and young people of the men who attend. .
2. The interview will probably last for about an hour, and it can be arranged for a time that's convenient for you.
3. I would like to use a small tape recorder to record our interview. If you would prefer not to have the interview recorded, just let me know and I won't use it. All data I collect will be kept securely on a password protected computer. Non-computerised data will be kept in a lockable filing cabinet.
4. As this part of the research forms a PhD study I will have to write up a thesis and may publish parts of it in academic journal articles. Nothing you say will be linked specifically to your name. Please let me know at the time of interview if there is anything you say that would prefer not to have in the PhD thesis or any future publications.
5. So that you can feel comfortable enough to be honest about your thoughts and feelings about the project, anything you say to me during our interview will be kept private and confidential. Your name will not be given to anyone else.. If I do use any of your comments, your name will not be used and I will make sure that you cannot be identified in any way.
6. It is up to you to decide whether to take part or not. If you do decide to take part could you please sign the attached consent form. If you do decide to take part, you can change your mind at any time before the report is written.
7. Only my supervisor and I will have access to your completed questionnaires, the tape recordings and written transcripts of the interviews.
8. If you would like further information about this before you decide, you can contact me Sue Alderson, 07968 918759.

My supervisor's name is Dr Nicole Westmarland. If you would like to speak to her she can be contacted at Durham University on 0191 3346833

## Appendix 3: Consent form for DVPP workers

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To ensure that your rights are protected according to the guidelines of the British Sociological Association and Durham University Ethics Committee, please consider these rights below. When you are satisfied that you fully understand these rights and if you decide that you would like to take part in the research, please sign your name below.

Participants have the right:

- 1) to participate voluntarily, free from any coercion
  - 2) to be informed of the general nature of the research
  - 3) not to be deceived unnecessarily or in any way that might be harmful
  - 4) to withdraw from the study at any time up until the final report is written, without incurring any penalty
  - 5) to be protected from physical and/or psychological discomfort, harm, and danger
  - 6) to be informed (debriefed) at the conclusion of the study, regarding the intent of the research
  - 7) to expect that any information divulged during the study will be considered confidential and private
  - 8) to expect that no participant will be individually identified
- 

### **Participant Consent**

Participant (Please read and sign):

I, \_\_\_\_\_ (name of participant) have been informed about the general nature of this study and agree voluntarily to participate. I have read and understand the participants rights described on this form, and I understand that all such rights will be guaranteed to me.

**Date**.....



## Appendix 4: Interview schedule for DVPP workers

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1. Can you briefly describe the programme you run?
2. How does the children's work fit into this? For example how much of the programme content and/or individual sessions focus on children?
3. Can you tell me about how children are integrated into the programme, for example are they discussed every week or are there specific sessions that focus on children?
4. Can you talk me through the content of the sessions that are about children? (Ask for documents/manual of these child focused sessions)
5. Is there any other work with children and young people being conducted within the programme? Can you tell me about this? (ask for worksheets, manuals, policies)
6. How does the children's work tie in with the men's work. For example do children work with dad, if not why not? (probe here about whether children are aware of dad on programme, if so how? Who tells children?)
7. How does the children's work tie in with the women's work?
8. Do all children of men on programmes routinely get offered support? If not how are they selected?
9. What role do you think children play in men's motivation to change?
10. Do you find any difference in programme engagement between men with children and men without children.
11. Do children have any input into the work with dad? For example session content? If not how is programme content decided?
12. Do you have any data on referrals? For example I would like to know from which routes most referrals are coming through i.e .Cafcass, child protection etc. (ask for anonymised data)
13. Does the referral process present any problems for you?

## Appendix 4: Interview schedule for DVPP workers

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14. Do you think that men are motivated to attend because of their children? What issues do you think motivates men? (i.e. partners, ex partners, child welfare agencies)
15. I have designed the workbook (show participant). Do you think this is the best way of doing research of this nature with children? What other ways do you think it could be sensitively undertaken?
16. Unfortunately I don't currently have many children/young people being offered the opportunity to take part in this research. What reasons do you think project staff might be reluctant to put children forward? (keep the discussion in terms of project staff generally).

## Appendix 5: Information sheet for parent/carer

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### **An investigation into the impact of perpetrator programmes on children and young people**

Dear parent/carer

My name is Sue Alderson and I am part of the Respect multi-site research into domestic violence perpetrator programme, outcomes for children whose father/father figure is attending. I would like to invite your child to take part in this research study. Before you decide whether your child can take part, it is important for you to understand why the research is being done and what it would involve for your child. Please take time to read the following information carefully. Talk to others at the project about the study if you wish.

#### **What is the purpose of the study?**

The purpose of this study is to investigate the outcomes for children whose father is participating on a domestic violence perpetrator programme.

#### **Why has my child been invited?**

Your child has been invited because his/her father/father figure is currently attending a domestic violence perpetrator programme or has recently completed a programme within the last six months. Your child has also been invited to participate because he/she is currently receiving support as part of the programme.

#### **Does my child have to take part?**

No, your child does not have to take part in this research. It is up to you to initially decide and then your child to decide if they would like to take part. If both you and your child decide they would like to take part we will then ask you to sign a consent form to show that you understand what is involved in the study for your child, and that you agree that they take part. Your child will also be asked to sign a consent form to show he/she has agreed to take part. Your child is still free to withdraw at any time and without giving reason.

#### **What will happen to my child if he/she takes part?**

If you and your child agree that they will participate he/she will take part in an interview with me which will be held at a convenient location i.e your own home, school, the project etc, and at a time that is convenient for your child. With your prior consent, the interviews will be recorded and transcribed to ensure an accurate record of the discussion for analysis.

#### **What will be my child asked to do?**

The interview with your child will last about an hour and I will be asking your child to complete tasks in a research book. If you would like to see this research book before you decide, please ask your child's support worker and she will give you a copy.. The research book simply involves activities such as drawing, or circling pictures. Your child will be asked about topics, such as: who they have in their family, people that are important to them, things they do with their family, what they like to do in their spare time. They will also be asked to think about how they feel about their life, and to talk about what they would like for themselves and their family. The researcher will help read the questions to your child and will assist in completing the tasks if your child requires help.

#### **What are the possible disadvantages and risks of taking part?**

## Appendix 5: Information sheet for parent/carer

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I am aware that the questions may touch upon sensitive issues for your child during the interview. If your child does not want to answer certain questions, that is fine. Your child will also be reassured that he or she can skip any question they do not wish to answer. Your child can finish the interview at any time he/she wishes. Every care will be taken to ensure that your child is comfortable with the content of the interview. The data collection tools have been designed in a fun way to make it a little less intrusive and less directive when discussing issues with the child. However, I will continuously observe for possible signs of distress and ask the children if he/she is happy to continue. If your child does become upset, then the interview will stop. A project support worker with whom your child is familiar will be on hand at all times if your child wishes to speak to someone.

### **What are the possible benefits of taking part?**

The research contributes to a process of sharing knowledge, experiences and needs regarding the impact of domestic violence perpetrator programmes and outcomes for your child. The findings will be widely disseminated and should help in the development of policy and practice regarding interventions for domestic violence.

### **Will my child's participation in the study be kept confidential?**

Yes. I will be following strict ethical and legal guidelines regarding the confidentiality of all information about your child gathered in this study. Only my supervisor and I will have access to the completed research book, the tape recordings and written transcripts of the interviews. All data I collect will be kept securely on a password protected computer. Non-computerised data will be kept in a lockable filing cabinet. However, if your child discloses anything during the interview that indicates that they or any other child may be at risk of or involved in harmful activity, we will be obliged to pass this information on to the relevant authority. If this situation arises, we will talk to you and your child first and discuss what will happen. The procedures for handling, processing, storage and destruction of data gathered in this study are compliant with the Data Protection Act 1998 and Durham University Protection Policy.

### **What will happen to the results of the study?**

As this part of the research forms a PhD study I will have to write up a thesis and may publish parts of it in academic journal articles. Your child will not be identified in any report/publication unless you have consented to release such information.

### **Contact details**

If you would like further information about this before you decide, you can contact me Sue Alderson on telephone number .....

My supervisor's name is Dr Nicole Westmarland. If you would like to speak to her she can be contacted at Durham University on .....

**THANK YOU FOR TAKING THE TIME TO READ THIS INFORMATION SHEET**

## Appendix 6: Parental consent form

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The British Sociological Association and Durham University Ethics Committee want to ensure your child's rights are protected. Please consider these rights below. When you are satisfied that you fully understand these rights and if you decide that you would like your child to take part in the research, please sign your name below.

Your child has the right:

- 1) to take part in the research voluntarily and not be coerced in any way
  - 2) to be informed about what the research is about
  - 3) not to be deceived in any way
  - 4) to withdraw from the study at any time before the final report is written
  - 5) to be protected from physical and/or psychological discomfort, harm, and danger
  - 6) to expect that any information given is private and confidential unless he/she is considered to be at risk of harm
  - 7) to expect that he/she will not be identified in the report
- 

### **Parental Consent**

(Please read and sign):

I, \_\_\_\_\_ (name of parent) have been informed about the general nature of this study and agree voluntarily to allow (child's name) .....to participate. I have read and understand my child's rights described on this form, and I understand that all such rights will be guaranteed to him/her.

Date .....

## Appendix 7: Details of survey respondents working directly with children

The chart below summarises the services, location, funding, age ranges and number of children for the 22 organisations currently offering direct work with children.

Organisation	Service provided	Age	Funding Body	Area	Children per year
Barnardo's Oldham	One to one	4-17	Oldham Borough Council Barnardos	Oldham Lancashire	120
Barnardo's Salford	Group work	4-17	Salford City Council Oldham Council Barnardo's	Salford, Lancashire Oldham	100
Barnardo's Domestic Violence Protection Project	One to one	4-15	Children's Fund	Newcastle	15
Belfast and Lisburn Women's Aid	One to one Group work Assessments	No age given	Belfast trust, Comic Relief, Eastern Health and Social Services Board, Youthnet (Dept of Education)	Belfast, Lisburn	n/a
Children and Young Peoples Domestic Abuse Support Women's Centre	One to one Group work Outreach Assessments	5-19+	Calderdale Metropolitan Borough Council	Calderdale	n/a
Choose2 Change	One to one groupwork Outreach Assessments	n/a	Local authority	Flintshire	n/a
	Other: work	n/a	Big Lottery	Wales	n/a

## Appendix 7: Details of survey respondents working directly with children

	with children of men on programmes		Fund		
Deter Innovations	One to one Group work	5-18	Department for Education	North East	n/a
DVPP Newcastle	One to one Assessments Other: Children/ young people of men on programmes or integrated support services	3-14	Newcastle Local Authority	Newcastle	12
Domestic Abuse Support Service Women Centre	One to one Outreach Assessments	5-13	Children's Fund Local Authority	Calderdale	n/a
Focus on Family Nurturing & Development Centre	One to one Group work	11-25	Comic Relief	Northern Ireland	n/a
Hafan Cymru	One to one	16+	Local; Authority	Wales (except Caerphilly and Monmouth)	n/a
	Groupwork	16+	Charitable Trust		
	Housing	16+ (or younger)	Supported Housing		
Harbour Support Service	One to one Outreach	3-17	Children's Fund Children in need PCT	Middlesbrough, Stockton, Hartlepool, North Tyneside	280 in last six mths
	Groupwork	3-17	Children's Fund Children in Need		120

## Appendix 7: Details of survey respondents working directly with children

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Harbour Support Service (cont)	Other: Play work in refuges	3-17	Refuge	Middlesbrough, Stockton, Hartlepool, North Tyneside	100+
LINX	One to one Group work Assessments	12-18	Hampton Trust	n/a	n/a
Making Changes (West Berkshire Domestic Violence Forum)	One to one Assessments	8-14	Domestic Violence Forum	West Berkshire	n/a
	Group work	8-14	Grant Funding Children's Services		6 per series
Montgomery Family Crisis Centre	One to one support Group work	13/14	n/a	Powys	n/a
	One to one Groupwork Assessment				
Relate Lancashire and Cumbria	One to one	10-19	Individuals and grants	Lancashire	50
Splitz Support Service	One to one Group work Outreach Assessments Children of men on programmes or integrated support work	11-16	Comic Relief	Wiltshire	60



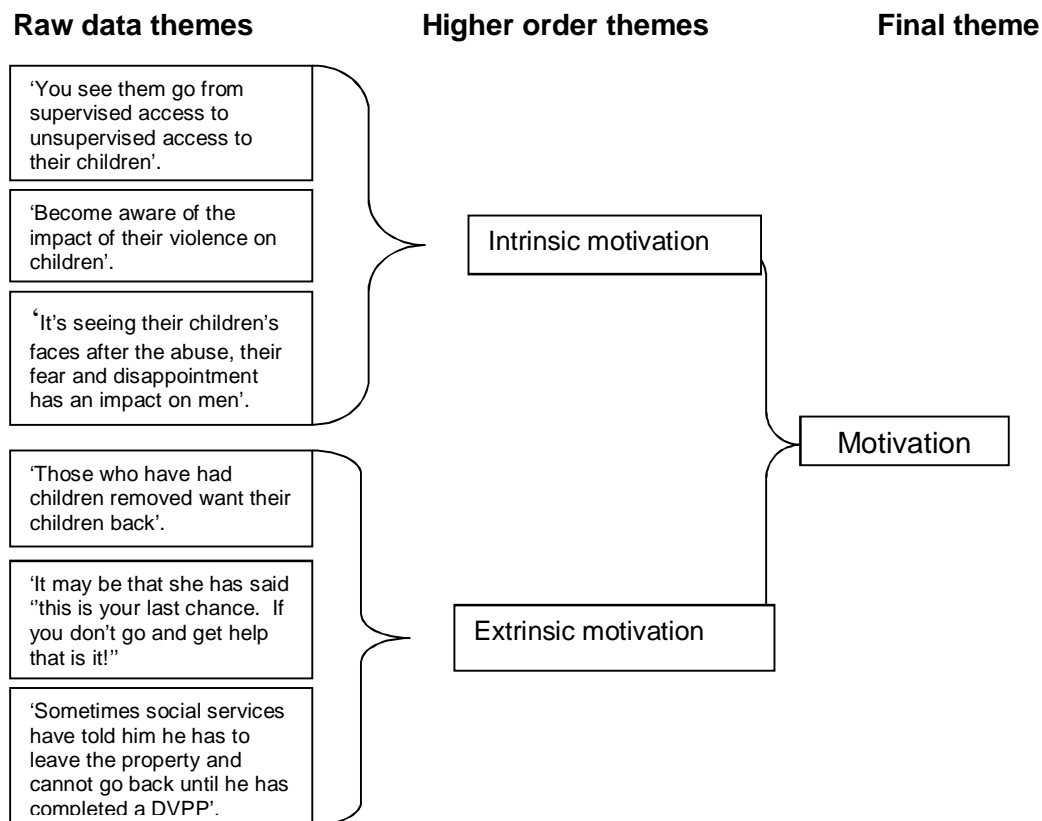
## Appendix 7: Details of survey respondents working directly with children

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St Giles Trust CDAP (community domestic abuse programme)	One to one Groupwork Outreach Other	n/a	Comic Relief	Kent	n/a
TRYangle Project Ltd	One to one	teens	No funding at present	London and South East	20
The Nia Project	One to one	0-18	London Borough of Hackney Council London Borough of Islington Council	Hackney, Haringey, Islington	n/a
	Group work Outreach	0-18	London Borough of Hackney Council London Borough of Islington Council City Bridge Trust		n/a
	Other: Preventative work in schools	11-18	City Bridge Trust		n/a
Walsall Domestic Violence Forum	One to one Group work Assessments	4-12	Children's Services	Walsall	120 per year 30 per year 30 per year

## Appendix 8: Example showing how themes emerged from interview transcripts

**Diagram 3.2** Developing themes from DVPP workers' data

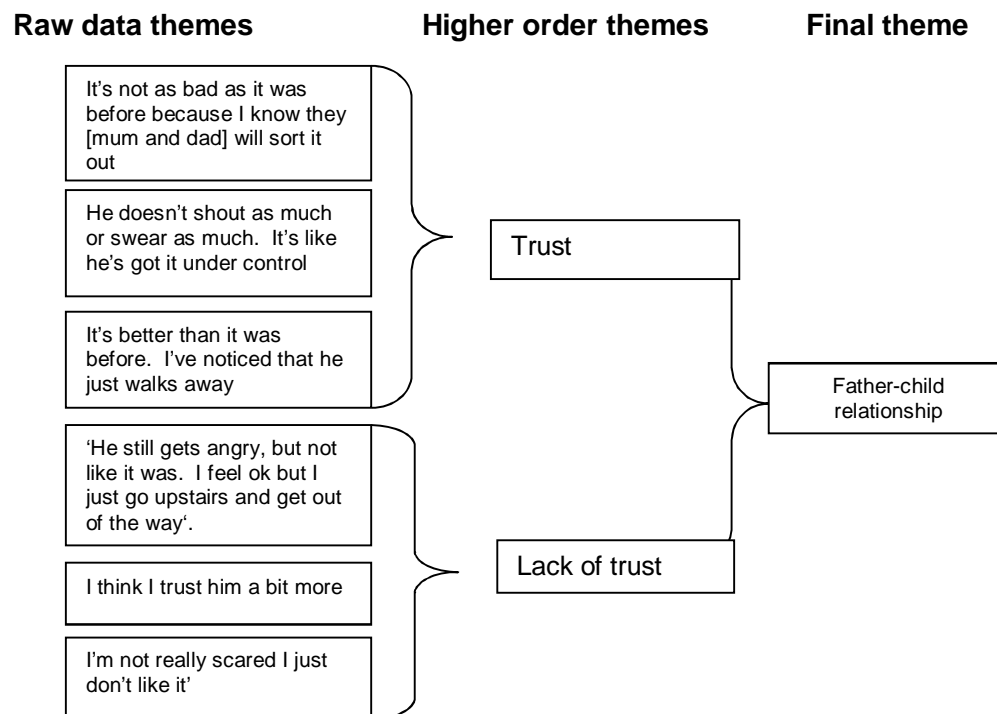


The four raw data themes in the diagram above emerged from the notion of men's motivation to attend a DVPP. The potential theme of 'motivation' was then sub-coded into intrinsic and extrinsic motivating factors. As suggested by Holloway and Wheeler (2009) I ensured the trustworthiness of my data by asking participants to judge the accuracy and interpretation of my analysis by providing them with a summary via email and asking them to critically comment upon the adequacy of the findings.

## Appendix 8: Example showing how themes emerged from interview transcripts

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**Diagram 3.3** Developing themes from children's interviews



The six raw data themes in the diagram above emerged from the notion of how children perceived their relationship with their father. The father-child relationship was sub-coded into categories of 'trust' and 'lack of trust'.

## Appendix 9: Example showing how themes emerged from children's drawings

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Below are examples of the children's drawings of their family and other people they have talked to about their father's participation on a DVPP. Included are some of the children's comment from the transcripts regarding the content of the drawings for clarification.

Theme: Power and Control

**Girl (age 8)**



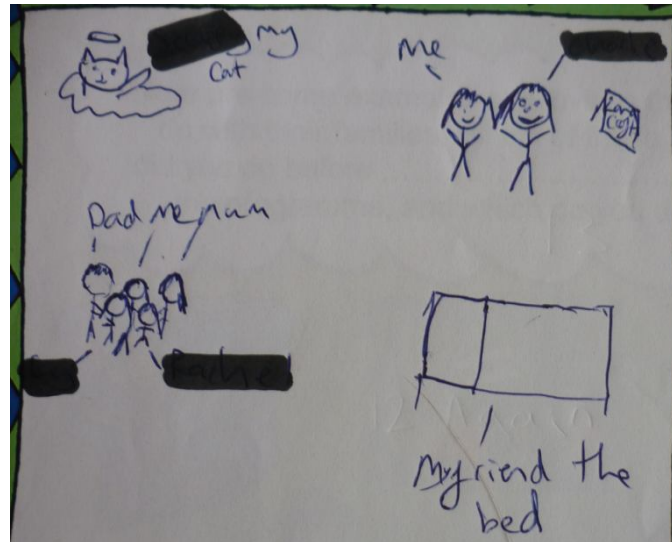
E lives with her mum, dad and one sibling. Her father has attended the full domestic violence programme and is now attending the follow up programme. In the drawing she has omitted herself because she 'didn't want to draw herself again'. She did however draw three of her closest friends who she told me she has spoken to about her 'dads bad behaviour'. All of the figures in the drawing have smiling happy faces. E drew her father almost twice the size of her mother because she said 'he was very big'. On meeting her father later that day I noted that his height was average and only 2 or 3 inches taller than her mother. E drew her mother and father some distance apart with her sibling and friends in-between.

## Appendix 9: Example showing how themes emerged from children's drawings

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Theme: Support

Girl (age 13)



C is the eldest of three children. Interestingly, C places her mum and dad apart with herself and siblings in-between, in a similar way to one of her siblings. In conversation with C I asked her why she had drawn her bed. C told me that her bed is 'her best friend' and that she 'thinks a lot about stuff here'. Sooty the cat was depicted as a very important part of her life and C told me she talks a lot to Sooty about 'mum and dad arguing'. C told me her mum and dad were splitting up and that this upset her very much. In conversation with her father later that evening at a DVPP session (without disclosing the content of my interview with C) he told me that his initial motivation for attending the programme was to reconcile with his partner, however he had now accepted that the relationship was irreparable and was currently in the process of looking for somewhere else to live.

## Appendix 10: Sample description of DVPP workers

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Eleven practitioners participated in the research and all of the field work took place on DVPP premises. The sample was broadly purposeful in that I wanted it to reflect the diversity of work taking place within DVPPs. The ethnic background of all participants was White British, reflecting the ethnicity of the majority of people using the service. Interviews lasted between 45-90 minutes, depending on how much the interviewee had to say. The initial part of the interviews included practitioners' experience in their field and their understandings of violence against women. All of the DVPP workers had worked in the specific field of domestic violence for a period of between 14 months - 27 years at the time of interview. Four had a background in children's social care/support, one had counselling experience, one had a background working with men in the military, two participants had worked within child and family health services, two had worked within education services and one participant had recently left university with a degree in Youth and Community work. The table below shows the roles of the practitioners and managers who decided to participate in the research from the three projects who took part.

### Professional role of participants within DVPPs

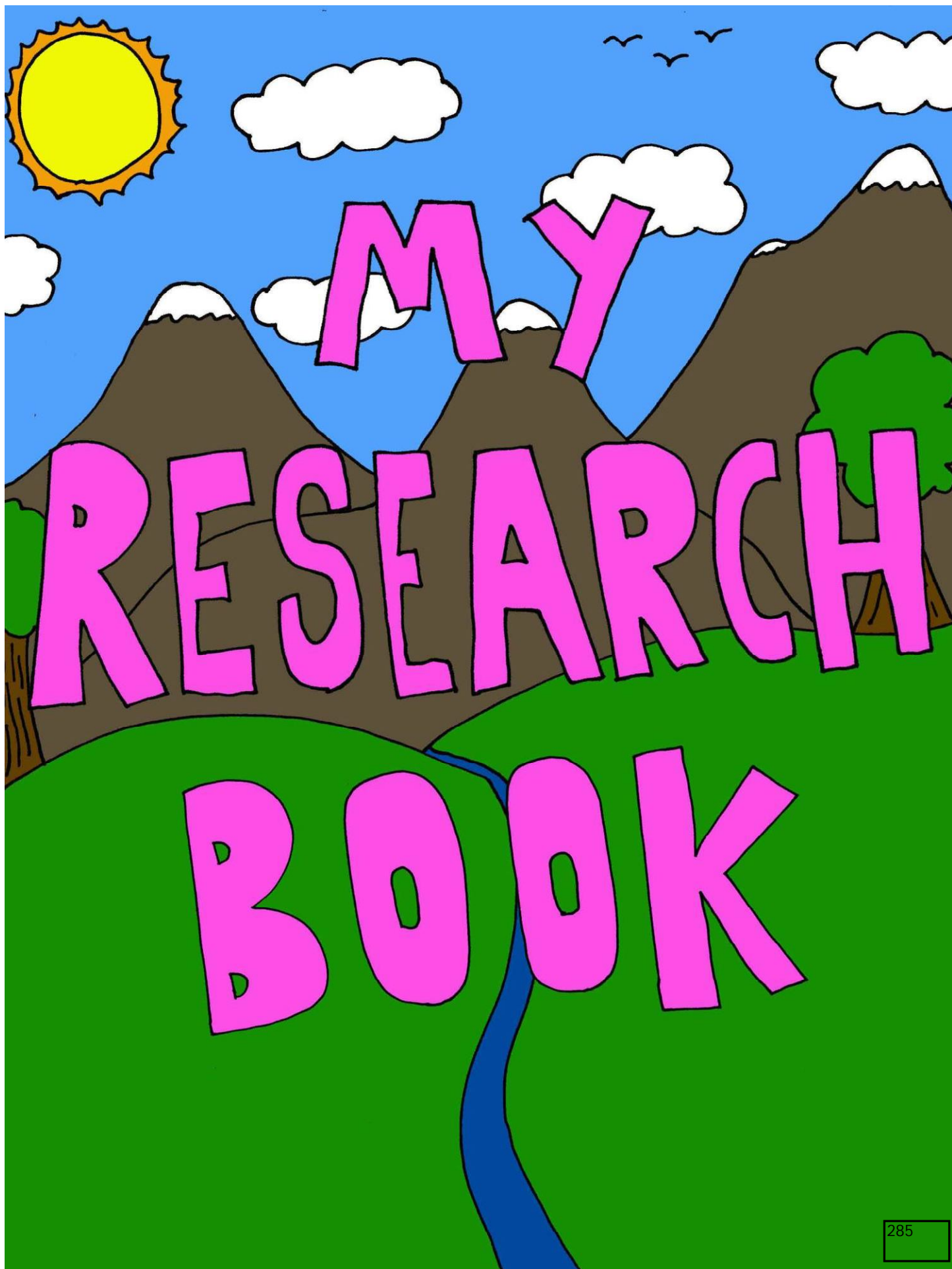
<b>Scotland</b>	<b>Northern England</b>	<b>South West England</b>
1 x Project manager/ DVPP programme facilitator	1 x DVPP Programme facilitator	1 x DVPP programme facilitator/children's support worker
1 x DVPP programme facilitator	3 x Children's support worker	2 x Children's support worker
1 x Children's worker		1 x Women's support worker

## Appendix 11: Sample description of children

---

Thirteen children participated in the research and all of the field work took place at a venue of the child's choice; family home, DVPP project, school. The ethnic background of all the children was White British, reflecting the ethnicity of families using the service. Interviews lasted between 50 minutes and one hour and forty minutes, depending on the individual child and how much they had to say. The table below shows the name and age of each from the three projects that took part.

<b>Scotland</b>	<b>Northern England</b>	<b>South West England</b>
Peter age 9	Jodie age 9	Ralph age 7
Archie age 11	Rosie age 10	Leah age 8
	Sally age 13	Emma age 9
	Samantha age 15	James age 12
		Chloe age 13
		Kieran age 15
		Jessica 16

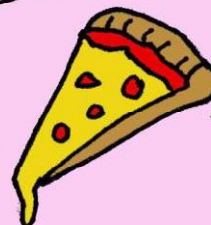




Please could you tell me a little about yourself?



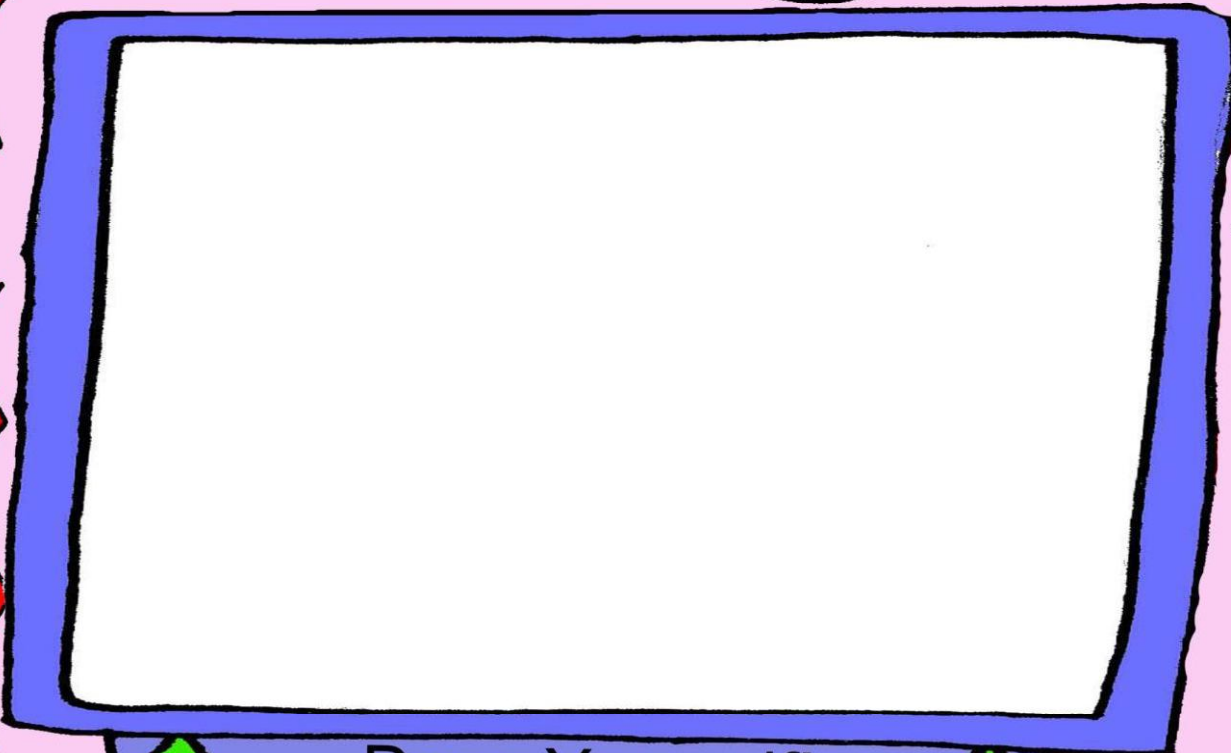
Age: \_\_\_\_\_



Fave TV Show: \_\_\_\_\_

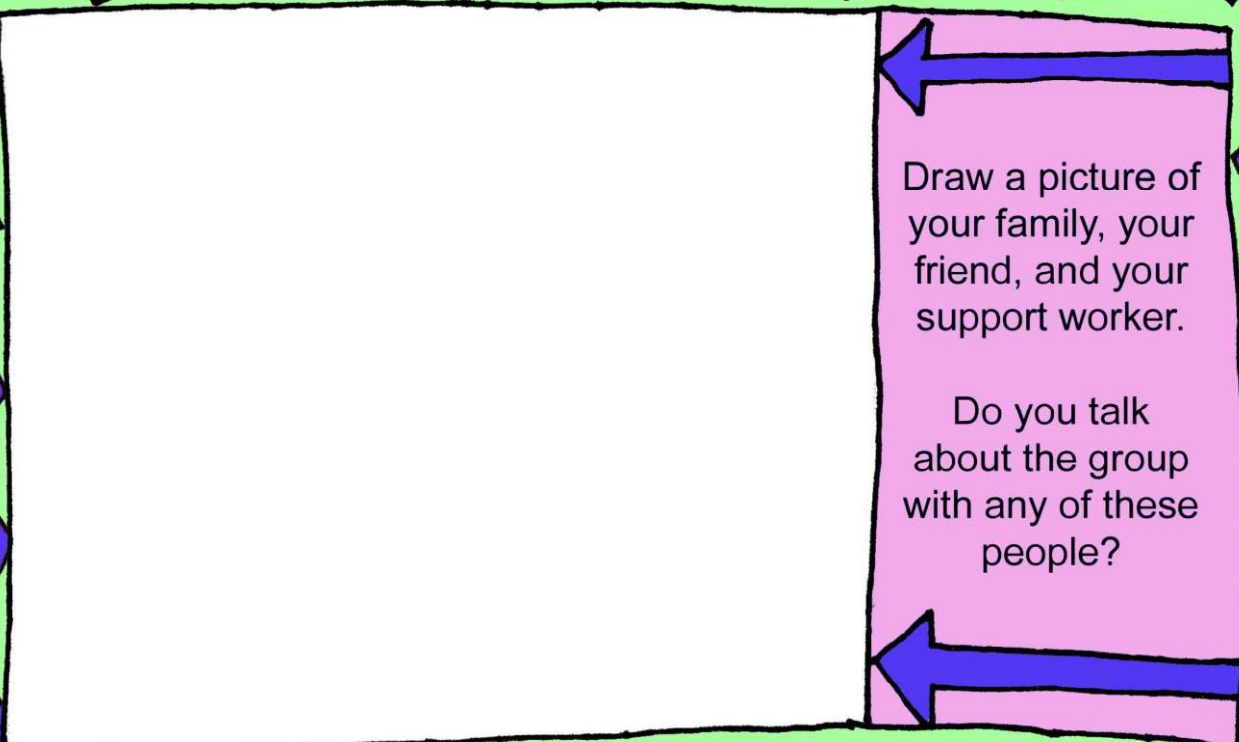


Person would you most like to be: \_\_\_\_\_



Draw Yourself!





Draw a picture of  
your family, your  
friend, and your  
support worker.

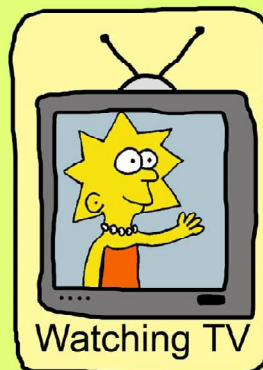
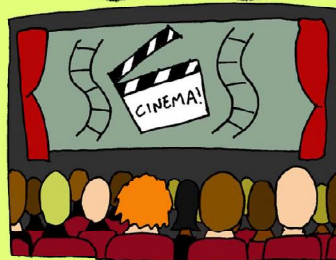
Do you talk  
about the group  
with any of these  
people?

Can you remember the time when your mum  
or ..... first told you that he was  
attending the group?





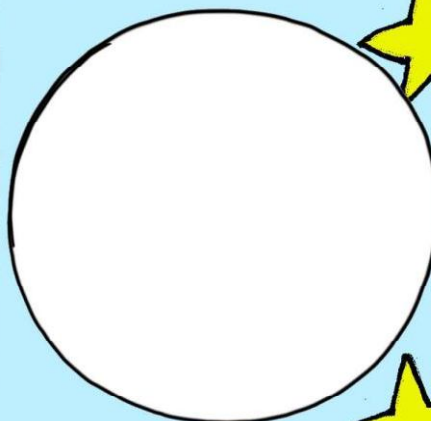
Here are some examples of activities that children do with their families, Which of these activities did you do before .....attended the programme, and which do you do now?



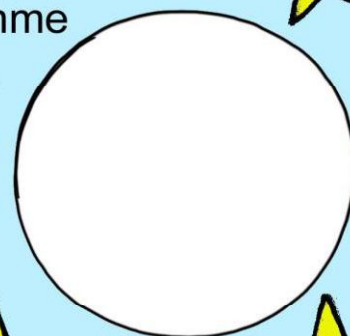


## Questions about feelings:

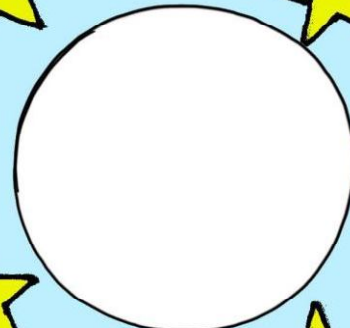
Draw a face in the circle  
to show how you feel about  
..... attending  
the programme:



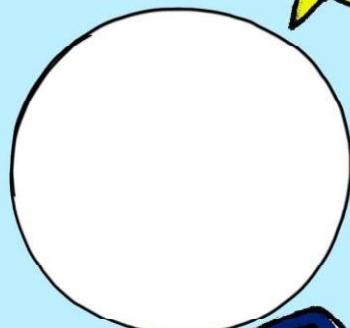
Before.....attended the programme  
I felt..... I felt this way because...



Now that .....is attending  
the programme I feel .....  
I feel this way because...

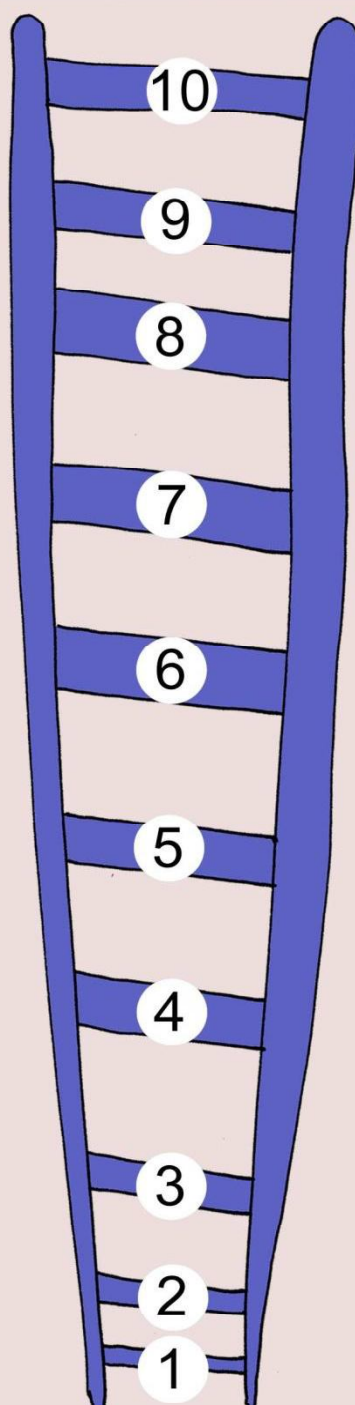
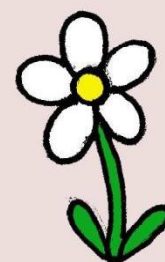
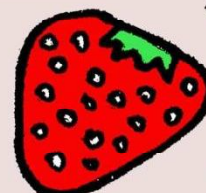
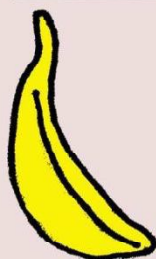


When I think about when .....  
completes the programme I feel.....  
I feel this way because.....



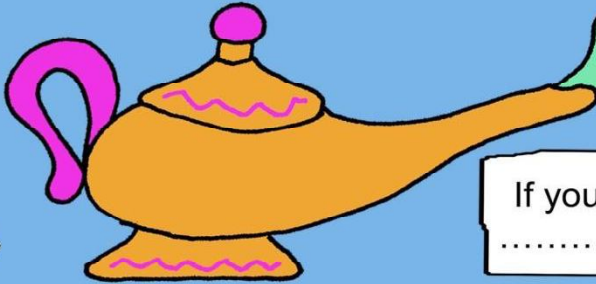
## The Safety Ladder

How safe do you feel now that .....is attending the programme?  
Imagine that the top of the ladder (rung 10) is the safest you can feel and  
that the bottom of the ladder (rung 1) is where you feel unsafe.  
Put a star on the rung that best matches the way you feel right now.





# THREE WISHES!



If you had three wishes about changes in ..... 's behaviour what would they be?

WISH ONE!

WISH TWO!

WISH THREE!

Children can have lots of different feelings about.....  
and feelings can change every day. Can you remember  
some of the feelings you had about him before he came to  
the programme? What feelings do you have about him now?

BEFORE

OKAY

BORED

HAPPY

CONFUSED

JOYFUL

SCARED

NOTHING

GUILTY

HURT

LOVING

ANGRY

SAD

WORRIED

UPSET

DISAPPOINTED

EXCITED

WARM



NOW

OKAY

BORED

HAPPY

CONFUSED

JOYFUL

SCARED

NOTHING

GUILTY

HURT

LOVING

ANGRY

SAD

WORRIED

UPSET

DISAPPOINTED

EXCITED

WARM



Can you write a letter to ..... and tell him  
what you think about him attending the group?





If a friend came to see you about a male family members bad behaviour, what sort of things would you tell them about the group?



Which of these characters best describes how you feel about completing this research book?



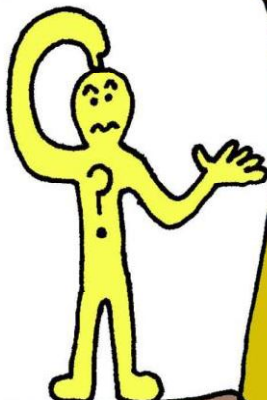
PROUD!



HAPPY!



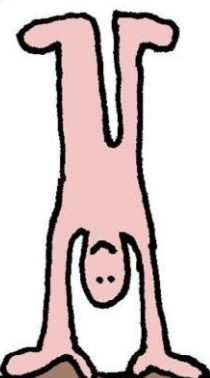
SAD



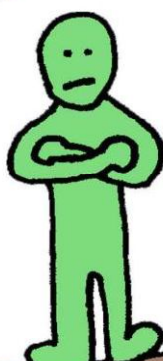
CONFUSED!



ANGRY!



CHEEKY!

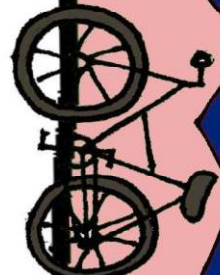
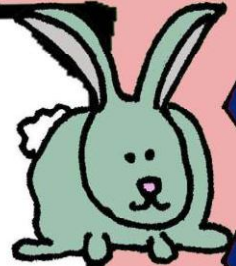
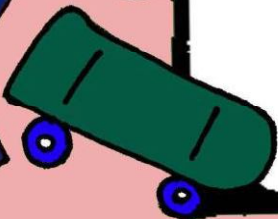
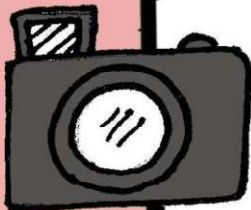


BORED!

OTHER?  
DRAW YOUR  
OWN!



I think you are very cool.  
What sort of things do you think makes you cool?  
Let's write down together.



# Information About the Research

Hello!

My name is Sue and I would like to find out your thoughts about [\_\_\_\_\_]. Taking part is completely voluntary and here is some information to help you decide whether or not to take part. Please ask me if there is anything you do not understand or if you would like more information.

1. I would like to find out what you think about [\_\_\_\_\_].

2. I would also like to find out if you think it is good for you and your family, or not, and in what ways you think it might be helping you, or not helping you.

3. I would like to spend an hour with you and find out what you think about [\_\_\_\_\_] using drawings and activities in the Research Book.

4. I would like to use a small tape recorder to record our interview.

5. I will have to write up a report and an article about the research and it might be important to include some of your drawings and views in this. Your real name will not be used, but you could choose another name if you would like to.

6. If you tell me anything that makes me think you are not safe I will talk to you about it and may have to tell someone to make sure that you are safe.

7. If you would like further information about this before you decide, you can contact me Sue Alderson at Durham University on 07968 918759.

8. My supervisor's name is Nicole Westmarland. She can be contacted at Durham University on 0191 3346833

9. If there is a question you do not want to answer, you do not have to answer it. You are free to stop taking part at any time.

## Consent Form for Children

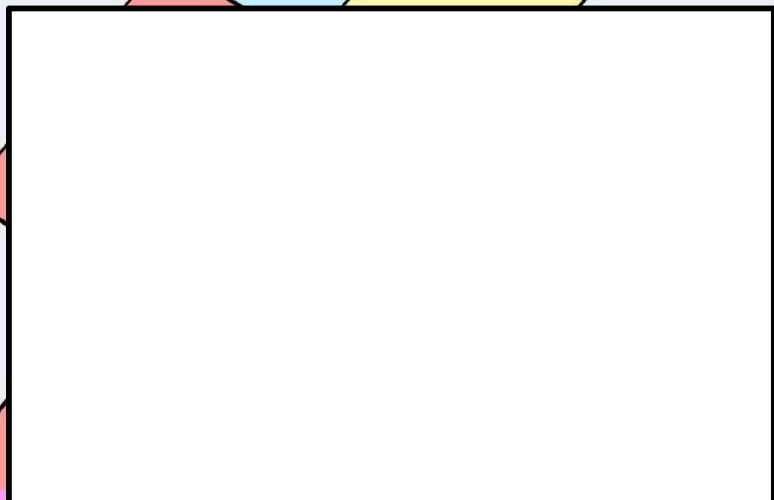
This form is for you to sign to say that you have agreed to take part in this research.

If you are satisfied that you fully understand, and would like to take part in the research, please sign your name below.

Sue has explained to me everything on the information sheet and I understand it. I consent to taking part in Sue's research.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Name (capitals) \_\_\_\_\_

If you'd rather not sign, you can draw a picture in this box instead.  
→ → → →



**Researcher Contact Information:**

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